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ABSTRACT

In the second of a five part study on least restrictive environment (LRE) placement for handicapped students, results from onsite observations of 134 local placement team meetings concerning 96 cases are examined. Sampling procedures used to determine cases in the five states are reviewed, as are the observation form and data collection procedures. Characteristics of the local education agencies (LEAs) and the cases are detailed. Separate chapters examine findings on the following five topics (sample subtopics in parentheses): placement decision making (there was little written guidance on placement besides federal regulations, placement decisions were usually made by one or two persons rather than through a group decision making process); LRE (the concept was not well understood and was generally perceived as mainstreaming); individualized educational programs (most IEPs were written after placement, the IEP was viewed more as an accountability mechanism than as a programing tool); parent/student involvement (parents had a high rate of attendance at placement meetings and appeared to be satisfied with the decision in the majority of cases); and contextual factors and constraints (differences between state and federal definitions of handicapping conditions created difficulties, and fiscal reimbursement fomulae indirectly inhibited LRE placements). (CL)

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STUDY OF PROCEDURES FOR DETERMINING THE LEAST RESTRICTIVE ENVIRONMENT (LRE) PLACEMENT OF HANDICAPPED CHILDREN

FINAL REPORT
ACTIVITY 2: ANALYSIS OF LOCAL SCHOOL DISTRICT PROCEDURES

March 1980

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EXECUTIVE SUMMARY

The Study

The purpose of this study was to provide a state-of-the-art description of placement decision-making procedures at the local level. Of chief interest was the manner in which the principle of least restrictive environment (LRE) entered into and affected the placement decisions concerning handicapped students. Data for this study were primarily collected through on-site observations of Placement Team (PT) meetings over a two-month period spanning March to May of 1979. The study sample consisted of five states and 15 Local Education Agencies (LEAs). In all, 134 meetings and 96 cases were observed.

Highlights of Findings

The major conclusions resulting from this study addressed the areas of placement decision-making, the role of least restrictive environment, the individualized educational plan, and parent/student involvement. In addition, this report provides a background for understanding the findings through an analysis of the sample characteristics and the contextual factors and constraints within which placement decisions are made. Highlights include the following:

Sample Characteristics

- The LEAs in the sample were fairly representative of a number of demographic characteristics, with some differences which reflect the purposive diversity of the selection techniques.
- The sample cases were non-representative in that they were selected so as to include a higher occurrence of lower incidence handicapping conditions than would be expected.

Placement Decision-Making

- Besides federal regulations, there was little written guidance concerning the placement process. Most localities seemed to have developed their procedures through the course of natural evolution rather than as a result of standard policy.

- Rarely was more than one option considered when determining a child's placement.
- Categorical decisions were seldom in evidence. Placement appeared to be individually determined and based primarily on the child's academic and social needs.
- The placement decision was usually made by one or two individuals; it was not arrived at through a group decision-making process. Nevertheless, the final placement decision appeared to be the most appropriate and beneficial for the student.

Least Restrictive Environment

- The concept of LRE was not well understood and was generally perceived as mainstreaming.
- In spite of confusion surrounding the meaning of LRE, in practice the key elements of this principle were employed in placement decisions.
- Most cases did not result in placement changes which altered the restrictiveness of the setting. Where a change occurred, there was a tendency to move students to less rather than more restrictive options.
- Although in most cases alternative options were rarely considered, cases resulting in movement to a more restrictive environment frequently gave serious consideration to more than one option before determining placement.

Individualized Educational Plan

- Determination of child's academic and social needs can be considered part of the IEP process, yet most written IEPs were developed after placement, at a separate meeting.
- Parents were not consistently in attendance at IEP meetings and when they were, they were often unable to contribute to the meeting.
- The IEP was viewed more frequently as an accountability mechanism than as a programming tool.

Parent/Student Involvement

- Parents had a high rate of attendance at placement meetings. Students were infrequently involved, but did, in some cases, attend meetings.
- Parents appeared to be satisfied with the placement decision in an overwhelming majority of cases.

- School staff encouraged parent participation to a great extent: they made formal welcomes to parents, requested information on the child, and solicited parent reactions to the proposed placement. Parents, however, had little role in the actual decision-making.

Contextual Factors and Constraints

- Fiscal reimbursement formulae indirectly inhibit placements in least restrictive environments.
- Discrepant state and federal definitions of handicapping conditions created some difficulties in classifying and placing handicapped students.
- Lack of resources, staff time, and transportation were major constraints in placement decision-making.

1

INTRODUCTION

In November of 1975, Congress enacted Public Law 94-142, the "Education for All Handicapped Children Act," mandating a "free appropriate public education" for all school-age handicapped children in the United States. The Act, through its provisions and accompanying regulations (Federal Register, Vol. 42, No. 163 - Tuesday, August 23, 1977), specified a number of activities intended to ensure that handicapped children receive the educational and personal rights to which they are entitled. One of these was the mandate (stipulated in Section 612.5.B) for the "Least Restrictive Environment":

> ...to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily...

The Rules and Regulations implementing Part B of the Act expanded the mandate with the following additional features:

- Requirement that each educational agency offer a "continuum" of alternative placements to meet the needs of handicapped students including, at the least, instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions.

- Provision for supplementary services (such as resource room or itinerant instruction) in conjunction with regular class placement.
- Direction that each handicapped child's educational placement be determined at least annually, based on the Individualized Educational Program, and be situated geographically as close as possible to the child's home.

Additionally, in conformance with other concurrent legislation (Section 504 Regulations of the Rehabilitation Act of 1973), the Rules and Regulations also advised that:

- Non-academic and extra-curricular activities for handicapped children should occur in settings that foster participation with non-handicapped children to the maximal extent appropriate to the needs of the handicapped child.
- Handicapped children who, for one reason or another, have been placed in public or private institutions are insured maximal, appropriate access to regular public school instruction and activities.

These, then, are the major provisions concerning a Least Restrictive Environment (LRE) contained in P.L. 94-142 and its accompanying Rules and Regulations. This concept, and many of its guidelines, were already contained in an earlier law, P.L. 93-380, which required that States provide due process protection and placement in accordance with the principle of a least restrictive alternative. P.L. 94-142 expanded upon P.L. 93-380 by establishing a stronger fiscal incentive and by clearly delineating procedural safeguards related to identification, evaluation, and educational placement.

Further impetus for this legislation has come from the courts. Judicial decisions based upon the civil rights legislation and equal educational opportunity principles implicit in the Fifth and Fourteenth Amendments have given substance to LRE as a legal concept. In fact, it has been argued (Johnson, 1976) that "the courts were the major precipitators of the current policy response," although their actions were concurrent with increased pressure by professional educators and advocates. The students' right to the least restrictive placement possible was affirmed by court decisions, most notably PARC v.

Commonwealth of Pennsylvania, 334 F. Supp. 1257 (E.D. Pa., 1971), and 343 F. Supp. 279 (E.D. Pa., 1972 Consent Agreement), and Mills v. Board of Education of the District of Columbia, 348 F. Supp. 866 (DDC, 1972).

The effect of these decisions has been the incremental specification of what is legally required in determination of placement. However, as Kirp (1974) has warned, "legal plausibility does not necessarily or automatically yield educationally sound results." Weighing various educational approaches and judging appropriate placement is a task best left to educators. Turnbull (1978) has also stated that a future issue will be "whether courts and agencies will apply the least restrictive principle by taking into account the relative 'richness' or 'poverty' of educational services in separate programs and the likelihood that such programs will be more enhancing for the handicapped child than not" (p. 526).

Although the right to placement in the least restrictive environment was confirmed by court decisions and clearly mandated by Federal Law, the application of this principle to actual educational programming for handicapped children has not been consistent. LRE has arrived as policy following a decade of practice in a similar but slightly different construct: "mainstreaming." Mainstreaming has never had a clear operational definition but, in the years preceding P.L. 94-142, grew to exert a considerable influence on placement practices for handicapped children and became a common term in the American educational lexicon. Mercer (1974) described mainstreaming as the educational equivalent of normalization of a handicapped child's life experiences. Whereas some authorities have emphasized the social and instructional aspects of mainstreaming, as well as simply the time in regular education, local educators all too often considered only the temporal factor. The result is that mainstreaming has frequently become primarily an administrative function and, in the eyes of many educators and parents, is feared as a means for indiscriminate placement into regular class rather than as a means of enriching educational placements.

The LRE provision of P.L. 94-142 could be interpreted as a reaction to the unfavorable results achieved through short-sighted application of the mainstreaming construct. Although the value of temporal integration for the handicapped child in the regular class has been recognized, other concerns, particularly achievement and social factors, are usually deemed equally important in the determination of a "most appropriate" placement to meet the learner's individual needs.

With the passage of P.L. 94-142, the doctrine of LRE has become a national mandate. Given the complexities of the LRE concept and its evolving definition based upon both legal precedent and educators' interpretations, education agencies were faced with a difficult task in attempting to construct a satisfactory decision-making process for determining the appropriate, least restrictive placement for a handicapped child. The goal of this study, then, has been to examine and to document implementation of this complex construct at the local level.

Report Organization

Chapter 2, Methodology, gives an overview of the manner in which the study was conducted. Chapter 3, Sample Characteristics, presents the key characteristics of the Local Education Agencies (LEAs) and cases in our sample. The representativeness of major variables is examined as well as the interrelationships between those variables. Chapter 4, Placement Decision-Making, examines the overall procedures involved in placement determination, including state and local policies concerning placement, the consideration of options, categorical decisions, decision rules, and other factors involved in the placement process. Chapter 5 explores the ramifications of the LRE mandate: the extent to which LRE enters into placement deliberations, the relationship between LRE and mainstreaming, and factors involved in cases moving to more or less restrictive environments.

Chapters 6 and 7 address the issues of Individualized Educational Plans (IEPs) and parent/student involvement, respectively. In the first, the content and sequencing of Individualized Educational Plans are examined; in the latter, the degree of participation and efforts to encourage involvement are discussed. Chapter 8, Contextual Factors and Constraints, explores the framework within which placement decisions are made. The impact of contextual factors, such as legal activity and written policies, and constraints, such as staff shortages and fiscal reimbursement, are examined. Finally, Chapter 9 presents our conclusions.

Chapters 4-7 contain the major study findings and are organized around four major areas of investigation: standard operating procedures (federal, state, and local policies which address the issue being discussed); determination of placement (the actual practices or the effect of other practices on the manner in which placement is decided); ancillary activities (additional activities, such as training, which would facilitate placement determination); and constraints (disincentives or factors which impede the decision-making process). Case specific information of an anecdotal nature is given throughout the report to facilitate understanding of the data. Thus, LRE refers not only to integration with non-handicapped students, but also encompasses other important educational considerations: proximity to home, individualization, harmful effects, quality of services, use of supplementary services, and a continuum of options from which to choose the proper placement.

2

METHODOLOGY

To provide a state-of-the-art description of local placement procedures, we observed meetings in three Local Education Agencies in each of five different states. Data collection spanned a two-month period (March-May, 1979) and consisted of observations of all meetings on selected cases from the time all assessment data were collected until placement (and sometimes Individualized Educational Plans) were determined. Through these observations, and follow-up interviews with selected meeting attendees when necessary, a wealth of descriptive data was collected. Additional information was obtained from written materials supplied by special education directors in the study localities. This information was supplemented, when necessary, by discussions with special education administrative staff members about their procedures for determining educational placement of handicapped children.

This chapter provides an overview of the basic study questions, sampling procedures, and data collection activities and instruments used to implement the study.

Research Questions

To organize our investigation of placement decision-making, a series of research questions were generated and used to guide subsequent study activities. As the following list illustrates, four broad areas of concern were identified: standard operating procedures, placement determination (the bulk of information to be collected), ancillary activities, and constraints. Within each broad area, specific study concerns were specified. The research questions guiding this study were as follows:

- What standard procedures for determining placement are operating at the local level?
  - .. What procedures exist for coordination between the Local Education Agency and other agencies (public, private) which serve handicapped children?
- How do Local Education Agencies determine placement for their handicapped students?
  - .. What information is shared within the decision-making environment?
  - .. How is this information shared?
  - .. How is this information used?
  - .. Are placement options considered?
  - .. Is there a list of placement options available within the district? Are extra-district options considered? (Are they documented?)
    - How many options were considered?
    - In what order are they presented?
  - .. What criteria are used to evaluate placement options?
    - Is LRE included as a criteria?
    - How is LRE determined?
  - .. What provisions are made for interaction with non-handicapped peers?
    - Are extra-curricular activities considered?
  - .. What is the sequence of the decision-making process?
  - .. What is the outcome of the placement meeting?
    - What aspects of monitoring and/or evaluating the implementation of the placement are considered?
      - -- Are the evaluation criteria specified?
      - -- Are responsible individuals identified?
- What types of ancillary activities at the Federal, State and local levels have facilitated least restrictive placements for handicapped students?
  - .. Have staff been provided inservice training?
  - .. What type of monitoring procedures have been implemented by the State Education Agency and/or Local Education Agency?

- What constraints impede placement in the least restrictive environment?
  - What are the effects of contextual variables on placement decision-making?

Sampling

Sampling for this study was done on three levels: state selection, Local Education Agency selection, and case selection. A total of 5 states, 15 local education agencies (school districts), and 96 cases were included in data collection. The procedures for selection of each are described below.

State Education Agency Sampling

The strategy for selection of states was not to allow for generalizability to all 50 states, but rather to capture the broadest range of diversity possible. Thus, five states were selected primarily for their variability on socio-demographic and special education relevant characteristics as follows:

- geographic region (1 Northeast, 1 Southeast, 1 Central, 1 Southwest, 1 Northwest)
- funding formula (2 unit, 3 excess costs)
- population density (2 high, 2 medium, 1 low)
- population size (1 high, 2 medium, 2 low)
- per capita income (2 high, 2 medium, 1 low)
- state versus local control (3 high, 2 low)
- percent of handicapped served (3 high, 2 medium)
- 1978 Federal allocation (1 high, 2 medium high, 1 medium, 1 low)

Following approval from BEH of the list of states and subsequent commitment to participate on the part of the chief school officer for each state, the state directors of the special education departments were contacted for assistance in selection of local education agency participants. Three local education agencies per state were selected.

Local Education Agency Sampling

The sample of local education agencies was based on a systematic plan to ensure representation of three key characteristics: size, special building facility, and availability of a wide range of placement options. Two constraints in this design, however, were the non-mutually exclusive nature of these characteristics (large districts tend also to have a wide range of options and special schools) and the limitation within each state to three localities. To fully stratify on these three characteristics would have required 12 districts within each state. Full counter-balancing might also have implied that between-state comparisons were to be conducted, which was not the case. Furthermore, the non-mutually exclusive nature of the categories would have made filling certain cells at the local level especially difficult.

Since diversity of procedures, rather than proportional representativeness, was desired, we relied heavily on the state directors of special education to identify three cooperative districts of varying size and placement procedures. The actual sample ultimately consisted of one large (urban), one medium (suburban or rural), and one small (suburban or rural) district in each state, each with generally idiosyncratic placement features. Within the total sample of 15 localities, variations in special school facilities and option continuums were present. The actual local education agency sample characteristics are presented in the next chapter of this report.

Case Sampling

For each size district in a state, a minimum number of cases was required: three cases in small localities, six in medium, and nine in large school districts. Thus, a total of 90 cases was the overall goal for the study sample of cases. To allow for the greatest understanding of each case and the reasons behind each placement decision, where possible all meetings held for a particular student, after assessments had been completed, were observed. Thus, eligibility meetings, placement meetings, and meetings to develop Individualized Educational Plans were included in our data collection.

Several key case characteristics were identified as important variables which might affect the way in which placement decisions were made. Other case features were purposely selected to ensure inclusion of a broad variety of case characteristics. In each state, field staff selected cases representing different reasons for placement decision-making (initial referrals, annual reviews, scheduled reevaluations, and reevaluations for change in placement). Another important consideration was to select cases at a variety of grade levels (especially preschool and high school), with a variety of handicapping conditions (especially low-incidence populations), and with varying levels of severity. Thus, case selection was designed to maximize variation and to allow observers to gather data on potentially problematic placement decisions. One additional selection criterion for cases superceded all previous considerations, however. Because of the relative rarity of occurrence, cases where the placement decision or discussion was likely to be controversial (parents disagreed, conflicting assessment data, etc.) were given top priority for case selection.

Ultimately, the selection of cases was dependent upon the willingness of district personnel to assist with identifying diverse cases as discussed above, as well as parent willingness to give permission. Because parent consent was required prior to study participation, and because atypical or unusual cases were purposively selected, some degree of bias in the case sample is likely to exist. For this reason, caution must be exercised when interpreting the data.

Ultimately the selection of local education agencies within states depended upon the willingness of such agencies to collaborate in and to assist with the selection of diverse cases as discussed above, as well as parent willingness to give permission. Extensive guidance and assistance was required from the local director of special education, building principals, and special education staff to fully select such a diverse sample. It was not possible or feasible to *a priori* fully describe the target sample. A clear and complete specification of the selection criteria as well as procedures for field staff to confirm case selection was necessary, and contributed to a satisfactory variety of cases.

Data Collection

Data collection involved the use of three information-gathering techniques: (1) structured observations, (2) informal, unstructured interviewing, and (3) file review. Field work covered a two-month period in Spring 1979 (mid-March through mid-May). Applied Management Sciences' permanent and temporary staff were trained in the relevant observation and recording techniques and were responsible for all data collection activities.

Two important issues arose in planning the data collection. One issue related directly to securing the cooperation of the states, localities, professional staff, and parents for study participation. The second concerned the proposed methodology--specifically collecting information through an observer. We had to consider the impact which an observer, who is recording and taking notes, would have on the conduct of meetings, and possibly on the actual placement determination. Each of these issues will be discussed in turn.

Securing Cooperation

Once states had been selected, the Project Officer of the Bureau of Education for the Handicapped made initial contacts with the Chief State School Officers of each of the five states to determine potential interest in study participation. This letter included an explanation of assurances concerning the confidentiality of data collected. Copies of this letter were sent to the State Coordinator of the Committee on Evaluation and Information Systems (CEIS) and the State Director of Special Education. Once willingness to participate was affirmed by the state, Applied Management Sciences' project staff directly contacted the State Directors of Special Education with an introductory letter explaining the specific requirements of study participation at the state and local district levels. We also requested their help in selecting local education agencies which would meet the sampling criteria and be open to the possibility of study involvement.

When the local education agencies were identified, we followed their prescribed channels for securing participation in the study. Our data collection procedures, sampling plan, procedures for obtaining parental participation and protecting confidentiality of data were shared with the districts in our efforts to secure their cooperation.

After receiving local agreement, we implemented the sampling plan for cases. A letter was developed to be signed by the parent and kept on file at the district office and at Applied Management Sciences. The letter was sent to the child's parents from the principal of the school; it explained the purpose of the study, procedures for protecting confidentiality of data, and the requirements of study participation. This letter served as permission for the field interviewer to observe any meetings on that case and to discuss the case with school personnel, as well as with the parent, in follow-up interviews. To protect the identity of study participants, all names and other identifying data were expunged from the file copies after data were collected.

Observer Effect

The existence of an observer documentating what transpired at the meeting probably influenced, to some degree, what was discussed and how information was presented. The presence of an observer might have had some effect not only upon the meeting content, but also upon the rationale for the final placement decision, or perhaps even upon the decision itself. Where districts had standing team members, the effect of the observer's presence was diminished as the team conducted more meetings with observation data being collected. In such cases, the parents were at more of a disadvantage because they did not have opportunities to become accustomed to being observed.

There was no way to eliminate the effect the observer might have on the placement process. The observers were, of course, as unobtrusive as possible. Furthermore, the interviewers were asked to note any indications of possible effects such as glances or comments directed to them. The observers also occasionally inquired, as part of the follow-up interview, whether the interviewee felt the observer's presence made a difference. Given that the problem could not be eliminated, our approach was to minimize it and attempt to evaluate how extensively the observers affected the placement decision-making process.

Study Instrumentation

Six basic instruments were developed to collect data on placement practices and policies. The core of data collection activities was the observation system designed to capture information exchanged during meetings. Statewide and district information were also recorded from written documentation and discussions with administrative personnel. Each of the study instruments is discussed in the following section. Copies of the observation system can be found in the appendix.

Observation System (Note Form, Observer Report Form, and Case Information Form)

The research questions presented at the beginning of this chapter guided the development of the observation system. Given the nature of the data collection and the fact that no structured questionnaires were used, the observation system itself had to be very specific. In addition to coding the proceedings of meetings within specific observation categories, the field interviewer augmented the system with notes regarding information which: (1) was not codable within the existing observation system and/or (2) verified or clarified the use of certain codes.

Prior to the development of the observation instruments, project staff used an ethnographic approach in observing meetings in several school systems in the Washington-Metropolitan area. This approach provided direct information about actual placement practices in different localities. We also familiarized ourselves with written procedures related to placement through review of position papers related to LRE, P.L. 94-142 procedures manuals, and planning models for educational placement. Through ethnographic techniques during instrument development, and our increasing familiarity with the placement process, we were able to construct an observation system which accommodated the realities of a variety of local placement procedures. Actual experiences thus served to mediate what is oftentimes the "ideal" of a position paper with real implementation efforts.

Coding categories emerged from the literature and were validated, expanded, or deleted based upon ethnographic observation. Field testing followed a three-stage process. First, draft copies of the study instrumentation were distributed to the consultant resource panel for their review and comment. Second, the developers of the observation instrument tested the coding system on local placement team proceedings. Third, a simulation of actual observation conditions took place. Two Applied Management Sciences' staff members were trained in the observation system (both coding and ethnographic notetaking aspects). Following the training process, they field-tested the system at meetings conducted in schools in the metropolitan area. Through this method we were able to field-test both the study instrumentation and the training component.

The nature of the research questions and the data collection methodology dictated that the study focus on the content of parent-teacher (PT) meetings. Consequently, the process aspects and interpersonal dynamics of group decision-making were not investigated within the scope of this study. The observation system was constructed to code what transpired within the context of the PT meeting as opposed to how information was communicated--the type and patterns of interpersonal communication which were ongoing within the group discussions were not considered for purposes of this study.

The final observation system consisted of three core instruments: a note form to record meeting proceedings, a report form on which the content of each meeting was coded, and a case information form which summarized all data collected on a case (meetings, files, supplementary discussions). The note form consisted merely of blank sheets of paper marked with five-minute intervals. (One set of note forms ran from 0-60 minutes.) These forms were used during the meetings to capture important elements of discussion needed to complete the Observer Report Form. Following the meeting, then, the note forms were used as a reference to fill out the Observer Report Form. This latter instrument contained the bulk of information collected on site: attendees, content of meeting, extent of discussion, options considered, and decisions made. One of these instruments was filled out for each meeting observed on a case. Finally, all information on each student was synthesized on a Case Information Form. In addition to data collected through observations of meetings on a case, the results of file reviews and any discussions with relevant personnel were summarized here. This form captured background information specific to each case (sex, age, handicapping condition, prior placements, and assessments). In addition, a brief narrative of the decision-making process and ultimate disposition (placement decision, degree of restrictiveness) was included.

State and District Data Forms

These instruments were used to record state education and local education agency demographic information. Most data were collected through document reviews (Annual Program Plans, administrative manuals, and other special education mateials). Other information was gathered through on-site experience or discussions with relevant state or local personnel. Examples of information contained on these forms included: enrollment figures, funding, placement options, handicapping conditions served, and written policies/procedures related to LRE.

Log (notebook)

Daily entries were made in this notebook to maintain a permanent record of such things as:

- cases identified for study
- meetings observed
- persons interviewed
- interesting practices uncovered
- difficulties encountered
- general reflections on placement practices and policies.

The log served several purposes. First, was it an essential scheduling and communication link between field staff covering different cases during the course of the day. Secondly, it kept a running account of the types of items that would be discussed at debriefing sessions following data collection. Rather than depend on recall at the end of the eight-week data collection period, the log recorded immediate and accurate impressions of ongoing occurrences. These included problems, strong points, peculiarities, etc., associated with the placement cases and the field work.

Finally, the log was an invaluable assistance to the subsequent qualitative data analysis and retrospective conclusions which make up the bulk of this report. Often the data collector on site witnessed much potentially useful information of an anecdotal nature which would otherwise have been lost. The log, therefore, served as a forum for some of the qualitative assessments which have been made and conclusions which have been drawn.

Unstructured interviews were conducted after the PT meetings. At a minimum, the following participants were interviewed:

- parent
- teacher
- administrative representative or principal
- school psychologist.

These interviews were used to verify the initial perceptions and observations of the field interviewer as well as to supply data to complete gaps in necessary information. These interviews were of an informal nature and their content was related to the decision-making processes which were observed within the individual PT meeting. The content of these interviews was determined by information which the observer was not able to record. For example, it was sometimes necessary to clarify such information as:

- implied decision rules
- final placement decision
- perceived rationale for placement
- satisfaction with placement decision.

The content of interviews related to these areas was not the same for all cases or for the PT members of the same group. Content was determined on an individual basis. Probes for further information were only required where clarification related to a particular area was necessary.

Preparation for Data Collection

Two field observers were assigned to each state. Prior to actual data collection, extensive training and preparation were required, however. All field staff members had backgrounds in areas such as education, counseling, or sociology. Prior to the actual training sessions, observers were given a basic set of required readings to familiarize them with necessary content of the study. With this background reading and through discussions during training, they developed the ability to draw implications about decision rules which were operating within the context of placement meetings.

Thorough training of the field staff was absolutely essential to the assurance of quality in data collection. Careful selection, development, and presentation of materials was the key to communicating the overall study design to the trainees. This was extremely important since the observation and interviewing required that they comprehend fully content which would allow them to make appropriate and reliable judgments about meeting proceedings and the specifics of the individual unstructured interviews.

In addition to the required readings, training consisted of practice in coding video-taped simulations of placement meetings. Hypothetical cases were also positted to prepare trainees for the range of situations which could be encountered. A variety of these sessions provided practice in coding and ethnographic notetaking as well as in follow-up interviewing.

All trainees were required to achieve a trainee-criterion reliability level of at least 0.75. In order to assure that field staff were applying the coding system properly and were recording other pertinent information, reliability was measured during training, as well as periodically thereafter, throughout the data collection period.

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SAMPLE CHARACTERISTICS

This chapter presents a description of sample characteristics for the 15 local education agencies which were visited and the 96 individual cases (134 meetings) which were observed. Through examination of site characteristics such as urban, rural, and suburban location; ethnicity; and special education expenditures and case characteristics such as age, sex, and handicapping condition, this chapter provides background information to assist in understanding and interpreting the major study findings in the remaining chapters.

LEA Sample Characteristics

As discussed in the Methodology chapter, both states and districts within states were selected to represent a broad diversity of characteristics of interest to an investigation of placement procedures related to LRE. Four major contrast variables exhibited a fair degree of independence:

- geo-social differentiation (urban, rural, suburban location)
- ethnicity (above or below 20% minority enrollment)
- special education expenditures (greater or less than regular education expenditures)
- locus of control (centralized/autonomous placement procedures)

An additional contrast variable, size of total enrollment (regular and special education), was highly correlated with geo-social differentiation. As would be expected, urban districts had the highest average enrollment (61,211), followed by suburban (13,861), and rural (3,995). Because of the strong relationship between these two variables, only the geo-social distinction was used in cross-tabulations; the enrollment variable, however, may be considered embedded in the geo-social figures.

Table 3.1 presents a cross-tabulation of the four main contrast variables across the 15 districts. Inspection of this table suggests a satisfactory degree of independence between contrasts. This situation permits using the four major contrasts as crossbreaks on other local education agency characteristics of interest. Nevertheless, there were some clear relationships within the contrast cross-tabulations, all in the expected direction. The most striking of these was a close association between locus of control of placement procedure (centralized - autonomous) and geo-social differentiation.

It should be pointed out, however, that any associations should not be interpreted as representative of conditions occurring in a general population (i.e., public education on a national level). As was discussed in the Methodology chapter, the selection of states, districts, and individual cases was purposive rather than random. This factor, plus the very small numbers of exemplars (5 states, 15 districts, 96 cases), strongly attests against the use of inferential statistics or generalization of results to larger populations. The purpose of describing the sample characteristics was purely to define the samples employed in this study. On many educational and demographic items, the aggregate characteristics of the 15 districts did conform to national data trends and this was intended. But on numerous others, and these will become clear during the following expositions, there were important differences which resulted from our purposive efforts to select divergent and "interesting" cases.

Each of the four contrast variables shown in Table 3.1 is discussed below, followed by an examination of their interrelationships.

TABLE 3.1: CROSS-TABULATIONS OF LEA ON CONTRAST VARIABLES

LEA Characteristics	N	District Frequencies (Percent)								
		Geo-Social			Ethnicity		Special Educ. Expenditure		Placement Procedure	
		Urban	Sub-urban	Rural	High Minority	Low Minority	Low Per Capita	High Per Capita	Cen-tralized	Auto-nomous
Geo-Social:										
Urban	4	4 (100)			2 (50)	2 (50)	2 (50)	2 (50)	0	4 (100)
Suburban	3		3 (100)		1 (33)	2 (67)	1 (33)	2 (67)	2 (67)	1 (33)
Rural	8			8 (100)	5 (63)	3 (38)	4 (50)	4 (50)	5 (63)	3 (38)
Ethnicity:										
High-Minority (Enrollment 20%)	8	2 (25)	1 (13)	5 (63)	8 (100)		5 (63)	3 (38)	3 (38)	5 (63)
Low-Minority (Enrollment 20%)	7	2 (29)	2 (29)	3 (43)		7 (100)	2 (29)	5 (71)	4 (57)	3 (43)
LEA Special Educ. Expenditure:										
Low Per Capita (Less than Regular Educ.)	7	2 (29)	1 (14)	4 (57)	5 (71)	2 (29)	7 (100)		4 (57)	3 (43)
High Per Capita (More than Regular Educ.)	8	2 (25)	2 (25)	4 (50)	3 (38)	5 (63)		8 (100)	3 (38)	5 (63)
Placement Procedures:										
Centralized (Totally Developed by LEA, SEA)	7	0	2 (29)	5 (71)	3 (43)	4 (57)	4 (57)	3 (43)	7 (100)	
Autonomous (Some Control at Building Level)	8	4 (50)	1 (13)	3 (38)	5 (63)	3 (38)	3 (38)	5 (63)		8 (100)

Geo-social Differentiation

Four districts were characterized as urban, three as suburban, and eight as rural. These descriptions were supplied by state directors of special education (or their representatives) who selected the districts to fit those categories. The high occurrence of rural and smaller districts in the sample reflects the fact that such districts make up the highest proportion of school systems in the United States. (In fact, current estimates (DHEW, 1979) indicate that approximately 90 percent of school systems have enrollments below 5,000 students, and about 77 percent have enrollments under 2,500.) The selection of urban, suburban, and rural systems was an attempt to achieve suitable representation of districts on geographic and population variables.

Ethnicity

Nationally, minority students comprise approximately 20 percent of total enrollment in public schools (1977 figures reported in the 1979 National Center for Education Statistics report, The Condition of Education). In our sample, the average minority enrollment (sum of Black, Hispanic, American Indian, and Oriental) across the 15 districts was 24 percent, slightly above the national figure. We dichotomized districts on the ethnicity variable by subdividing them into a high minority enrollment group (greater than or equal to 20%) and a low minority enrollment group (less than 20%). This produced two groups of fairly equal size (seven low districts, eight high).

Special Education Expenditure

Figures for regular and special education funding were collected from extant budgetary reports in the local education agencies. We tried to obtain separate figures for federal, state, and local allocations, but the budgets often did not include these distinctions; when these breakdowns were requested, it sometimes proved unduly arduous to extract them. In fact, overall budgetary figures were often inconsistent and required follow-up contacts with district accounting personnel to clarify or verify the numbers. Consequently, the major effort was limited to collecting overall totals for public education funding and separate totals for special education funding within local education agencies. The issue of special education funding and the effect of varieties and vagaries in state funding formulae is more extensively discussed in Chapter 8 of this report.

For our preliminary analyses, special education funding was simply subtracted from regular education monies. This remainder was interpreted as funding for regular education. Within each district the separate sources (regular and special) were divided by student enrollments to provide per capita estimates of the expenditure on each. Surprisingly, in some districts, less per capita money was spent on handicapped children than on general education students. This outcome may reflect the fact that many special students received a large part of their instruction in the regular classroom. Consequently, only a small part of their education was supported by special funds. This fact, and the differences in accounting practices among school systems, worked to produce a deflation in the per capita funding for special education. Nevertheless, and as subsequent analyses demonstrated, there still remained marked differences in funding related to contrast variables and they operated in the expected directions.

For purposes of the funding contrasts, the 15 districts were subdivided into two groups: low per capita and high per capita. An arbitrary but convenient criterion for determining membership in these groups was the relative degree of per capita funding for regular or special education. Low districts were those (seven cases) in which less was spent on the handicapped student (at least in terms of "excess" cost) than on the regular student. Conversely, there were eight high per capita districts. Admittedly, this criterion was only a crude approximation but, given the irregularities and inconsistencies of the available data, it was the best that could be developed, and served to generate a useful crossbreak on this variable.

Locus of Control (Placement Procedure)

A final, major contrast variable used in this analysis of LEA sample characteristics was the locus of administrative and procedural control over the placement process. As was previously mentioned, this construct was an important consideration in the selection of states. Through a content analysis of state authority data (statutes, constitutions, court opinions), Wirt (1978) ranked the 50 states on school centralization of authority. Using his rankings, and confirmatory contacts with the Office of Education and individual state representatives, we had selected three states as being highly centralized and two as low. During data collection, however, we discovered that the degree of centralization (or autonomy) varied greatly within states and was not especially related to Wirt's overall rankings. In a given state, some districts might play strong central roles in the determination of placement procedures while others exerted lesser or only minimal control. Sometimes procedures were determined individualistically at a building or, even, placement team level.

We contrasted those districts where policies were completely uniform and standardized across buildings and meetings (centralized: seven districts) with those where varying degrees of self-direction and interpretation were allowed (autonomous: eight districts). Although highly subjective, these distinctions were based not only on a synthesis of State, district, and building level documents but also on multiple, direct observations by our field staff of actual procedures. Furthermore, our deductions showed that the resulting breakdowns were related to other districts' characteristics in an anticipated fashion.

Relationships Between Major Contrast Variables

Returning to Table 3.1, one can see that most of the intersections between the crossed contrast variables appear relatively independent. In a few areas, however, some interesting relationships are suggested.

Perhaps the most striking relationship is that between geo-social category and placement procedure (locus of control). It contains the only empty cell in the table: there were no centralized urban districts. At first, this may seem surprising because urban districts are the most geographically centralized. On the other hand, they are also the largest, and their schools have the highest enrollments. For these reasons, each building (and, in some cases, subdistrict) has the opportunity to develop a major degree of self-control. Within bureauocracies there may be an inverse relationship between size and degree of control. As individual components (schools, in this instance) become larger, they develop their own centralized structure and internal operating procedures. It should be pointed out, however, that "autonomy" as measured here is not total, but refers only to some degree of self-direction. Autonomous districts in our sample differed from centralized in that the latter used placement procedures that had been totally determined at a centralized level. And, of course, what is reflected here was true only for this sample of districts and should not be generalized to other situations.

Among the other cross-tabulations in this table there were also some interesting relationships, though not quite as clear-cut. A majority of the high-minority enrollments were in rural districts. This bears noting because it differs from current national trends which find increasing minority enrollment in urban areas. Further there was some correspondence between funding and minority enrollment. High minority districts had slighly less spending per capita while low minority districts had somewhat higher levels of per capita spending.

Relationship Between Major Contrast Variables and Other District Characteristics

Several other interesting relationships emerged when the major contrast variables were examined in light of other sample characteristics pertinent to the study. These additional district characteristics included:

- special education enrollment and placement options (special schools and cross-district placements)
- special education funding level (per capita expenses)
- special education staffing (pupil:teacher ratio)
- handicapping conditions served

Each of these characteristics is discussed below.

Special Education Enrollment and Placement Options. Table 3.2 presents enrollment characteristics in the sampled districts. Total regular and special education enrollment varied according to urban, suburban, and rural location and according to locus of control (centralized/autonomous). The high enrollment of urban school districts was largely responsible for the higher enrollment in autonomous districts, as these two variables were related.

The percent of students enrolled in special education across all districts (10%) was higher than the current national average (8%) but less than the optimal figure often mentioned by the Bureau of Education for the Handicapped (12%). Differences in the percent served conformed to expectation: higher percentages of students in special education were found in districts with high minority enrollments (12.5% vs. 7.1%), and in districts with low per capita spending for special education (12.4% vs. 7.9%).

One-third of the local education agencies (5) had separate special education schools; this characteristic was most closely related to size (urban) and autonomy of the district. Three out of four urban districts had special schools, and all districts with special schools were autonomous. The presence of special schools may partially explain the non-centralization of those districts containing them. Special schools are more likely to develop their own separate policies and procedures than special programs contained within and spread throughout local education agencies.

TABLE 3.2: ENROLLMENT CHARACTERISTICS

Characteristics	Averages[1/]									
	Geo-Social			Ethnicity		Special Educ. Expenditure		Placement Procedure		Average
	Urban	Sub-urban	Rural	High Minority	Low Minority	Low Per Capita	High Per Capita	Cen-tralized	Auto-nomous	(Mean)
N	4	3	8	8	7	7	8	7	8	15
Total Enrollment (Regular and Special)	61,211	13,861	3,995	17,426	25,569	15,659	26,097	7,663	33,094	21,226
Special Education Enrollment (Percent of Enrollment)	9.5	7.0	11.4	12.5	7.1	12.4	7.9	10.1	9.9	10.0
LEA Districts with Separate Special Education Schools (Percent of Districts)	75 (3)	33.3 (1)	12.5 (1)	37.5 (3)	28.6 (2)	28.6 (2)	37.5 (3)	0.0 (0)	62.5 (5)	33.3 (5)
Cross-District Placements (Rates per 10,000 students):										
Out-of-District	1	24	38	21	29	29	25	31	20	25
Private Placement	1	2	1	2	0	1	1	0	2	1
Into-District	42	6	8	8	26	20	14	12	21	17

[1/] All averages are computed across LEAs, rather than within sums.

The average numbers of cross-district placements were also related to district size in an expected pattern. More out-of-district placements occurred in smaller rural systems, while more into-district placements occurred in the larger systems. In our sample, there was also a suggestion of lower cross-district placements (both into and out-of) in high minority districts. However, the figures for all of these cross-district measures were very small, and minimal importance should be attributed to them.

Special Education Funding Characteristics. Table 3.3 provides a description of general funding characteristics across the 15 local education agencies. Total education funding is presented to point out the very large sums of money spent on public education at the current time (the average expenditure per district was $26,829,000). Of greater interest to this study were the per capita figures for regular and special education and the ratio between those figures within the 15 districts. The average per capita ratio across all districts was 1.31; that is, on the average, 1.31 times as much money was spent on a handicapped student as on a regular education student. As was noted earlier, this figure does not control for the amount spent on regular education services for many handicapped children and is, therefore, an underestimate of the cost of serving handicapped students. Available data did not allow for a correction based on this "excess" cost factor.

Special Education Staffing. Table 3.4 contains information on special education staffing across the sampled districts. The average ratio of special education students to teachers within our sample was 20.2, very close to the national average of 19.7 (computed from 1977-78 data supplied by the Bureau) as was the ratio of students to total special education personnel (sampled districts - 11.7; national average - 12.8). Some of the staffing variations between district contrasts were interesting. For example, the average percent of self-contained teachers over all 15 districts was 51.4. However, the percent of self-contained

TABLE 3.3: LEA FUNDING CHARACTERISTICS AND SELECTED CROSS-TABULATIONS

LEA Characteristics	Geo-Social			Ethnicity		Placement Procedure		Average
Funding Characteristics	Urban N=4	Suburban N=3	Rural N=8	High Minority N=8	Low Minority N=7	Centralized N=7	Autonomous N=8	(Mean) N=15
Total Education Funding: Thousands of Dollars	72,484	20,016	6,557	21,428	33,002	11,733	40,039	26,829
Special Education Funding: Thousands of Dollars	9,527	1,644	566	2,899	3,481	946	5,118	3,171
Percent of Total	13.0	7.7	10.0	11.1	9.4	8.4	12.0	10.3
Per Capita Funding:								
Regular Education	1,315	1,585	1,485	1,337	1,603	1,532	1,395	1,459
Special Education	2,015	1,918	1,560	1,233	2,347	1,567	1,915	1,753
Per Capita Funding Ratio: Special/Regular	1.98	1.27	1.00	.97	1.71	1.04	1.56	1.31

[1] All averages are computed across LEAs, rather than within sums.

TABLE 3.4: SPECIAL EDUCATION STAFFING BY SELECTED LEA CHARACTERISTICS

LEA Characteristics / Special Education Staff	Geo-Social			Ethnicity		Special Educ. Expenditure		Placement Procedure		
	Urban	Sub-urban	Rural	High Minority	Low Minority	Low Per Capita	High Per Capita	Cen-tralized	Auto-nomous	TOTAL
Teachers:										
Percent Self-Contained	62.5	58.7	43.1	36.9	68.0	43.9	58.0	45.7	56.4	51.4
Percent Resource Room	30.8	39.0	52.3	61.9	23.3	53.4	35.5	48.6	39.8	43.9
Percent Itinerant	6.5	2.3	4.8	1.1	8.9	2.7	6.5	5.7	3.9	4.7
Percent of Staff	60.0	53.0	73.5	72.2	58.4	65.3	66.2	[illegible].9	71.0	65.8
Per Capita (Students/ Teachers)	18.3	14.0	23.5	22.3	17.9	27.0	14.3	24.0	16.9	20.2
Supplementary Staff:										
(Psychologists, Social Workers, Therapists, Supervisors, etc.):										
Percent of Staff	40.0	47.0	26.5	27.8	41.6	34.7	33.8	40.1	29.0	34.2
Total Staff Per Capita:										
(Students/All Special Staff)	11.0	7.0	13.9	14.9	8.1	17.1	7.0	14.6	9.3	11.7

teachers in high minority districts was 36.9; in low minority districts it was 68.0. In comparison, the percentage of resource-room teachers was 61.9 in high minority school systems and 23.3 in low minority systems, with a sample average of 43.9 percent. This suggests a very different use of self-contained and resource-room services between districts that had high or low minority enrollment.

Handicapping Conditions Served. A broad variety of handicapping conditions was identified and served by the districts in our sample. Table 3.5 arrays the percent of children served by handicapping conditions across the contrasting variables. Figures are derived from local education agency child court data. A separate sub-table below it shows the number of classification options used in different districts.

It should be noted that the overall percentages from our sample districts differed a good deal from current national figures as well as from expected levels of occurrence. Table 3.6 shows the current national averages, the district (sample) averages, and the expected levels (consensus of authorities) of the incidence of handicapping conditions. A most notable difference occurs in the category of specific learning disabilities. The sampled districts had an average incidence of this condition of 34.8 percent, which was 10 percent above the level authorities projected and 13 percent higher than the current national average. Smaller, but noteworthy, differences existed for other conditions as well.

Within the sample, minor variations occurred across district categories in the percent of students served and the variety of labels used. In general, urban and low minority districts reported higher levels of less common handicapping conditions and used a broader range of classification nomenclature.

TABLE 3.5: OCCURRENCE OF SPECIFIC HANDICAPS SERVED BY SELECTED DISTRICT CHARACTERISTICS

LEA Characteristics / Specific Handicap	Average Percent of Occurrence[1]									Total
	Geo-Social			Ethnicity		Special Educ. Expenditure		Placement Procedure		
	Urban	Sub-urban	Rural	High Minority	Low Minority	Low Per Capita	High Per Capita	Centralized	Autonomous	
Specific Learning Disability	32.0	35.3	36.0	40.1	28.7	29.9	39.1	26.4	42.1	34.8
Speech Impairment	29.0	26.0	27.6	26.1	29.4	33.7	22.4	35.4	20.9	27.7
Mental Retardation	20.0	21.0	21.6	21.6	20.4	22.6	19.8	23.3	19.1	21.1
Social/Emotional Disturbance	11.5	5.0	11.6	8.1	12.7	8.9	11.5	7.7	12.5	10.3
Orthopedic/Physical Impairment	2.8	5.3	.4	.5	3.7	1.1	2.8	2.6	1.5	2.0
Visually Handicapped	1.0	.7	1.3	.9	1.3	1.1	.9	1.4	.6	1.1
Hard of Hearing	1.8	.7	.4	.5	1.1	.7	.9	.7	.9	.8
Deaf	1.0	.0	.1	.1	.6	.7	.0	.1	.5	.3
Health Impaired	.5	.7	.1	.0	.7	.1	.5	.3	.3	.3
Multiple Handicap and Other	2.3	6.3	.9	2.1	2.6	2.1	2.5	2.4	2.3	2.3
Number of Classifications Used in Districts	8.8	7.0	5.8	5.9	7.9	7.0	6.6	6.9	6.8	6.8 (max=10)

[1] Percents are averaged across LEAs, rather than within sums.

TABLE 3.6: PERCENT OF HANDICAPPING CONDITIONS SERVED

Handicap Classification	National Average	District Sample	Expected[1/] Incidence
Specific Learning Disability	21.5	34.8	25.0
Speech Impaired	35.2	27.7	29.2
Mentally Retarded	26.1	21.1	19.2
Severe/Emotional Disturbance	7.6	10.3	16.7
Visually Handicapped	1.0	1.1	.8
Orthopedically Impaired	2.3	2.0	4.2
Health Impaired	3.8	.3	
Hard of Hearing	2.4	.8	4.2
Deaf		.3	.6
Other	--	2.3	.5

[1/] Percents interpolated from Office of Education, DHEW, estimates, 1979.

Case Caracteristics

The major activity of this study was the observation of meetings on 96 individual (student) placement cases. This section of the chapter describes in brief the basic characteristics of the cases selected. Of primary interest and discussion are the reasons for case selection, handicapping conditions of the sample cases, and demographic characteristics (sex, ethnicity, and type of case).

Reasons for Case Selection

Given the anticipated difficulties in acquiring the range of cases desired and the variety of selection criteria used, the reasons for choosing particular cases were carefully documented by the field staff. Table 3.7 provides an actual case-by-case description of the primary selection factors used in the sampling. As was previously mentioned, the purposive selection of cases by issue-oriented factors was severely constrained by the actual availability of placement cases during the limited observation period and within the small sample of districts. This table reflects these constraints as well as our attempts to sample unusual and difficult cases.

Handicapping Condition

A central feature of the sampling approach was the selection of cases that would represent both a broad diversity of handicapping conditions and a variety of procedural complications. For these reasons, the actual cases selected were neither representative of national nor even local distributions. Table 3.8 makes this divergence from norms clear. Four types of handicapping conditions were sampled much more than their natural occurrence: Severe/Emotional Disturbance, Visually Handicapped, Orthopedically Impaired, and Health Impaired. The first condition was over-selected because of the potentially controversial nature of this type of case as well aa the possibility of greater discussion regarding appropriate placement and district. For similar reasons, in reverse,

TABLE 3.7: REASONS FOR SELECTING CASES

REASON	PERCENT OF CASES[1] (N=96)
One of first cases selected in LEA	26 (n=25)
To balance number of initial referrals and re-evaluations	14 (n=13)
Child is severely handicapped	13 (n=12)
To balance grade level distribution	13 (n=12)
Placement is likely to be an issue	11 (n=11)
To balance distribution of handicapping conditions	9 (n=9)
Child is blind, deaf or seriously emotionally disturbed	8 (n=8)
Other	40 (n=38)

[1] Multiple responses were allowed.

TABLE 3.8: SAMPLED CASES COMPARED TO LEA AND NATIONAL DISTRIBUTIONS

Handicapping Condition:	96 Cases (N)	LEA Distributions (%)	National Averages (%)
Specific Learning Disability	28	34.8	21.5
Speech Impaired	3	27.7	35.2
Mentally Retarded	21	21.1	26.1
Social/Emotional Disturbance	24	10.3	7.6
Visually Handicapped	4	1.1	1.0
Orthopedically Impaired	8	2.0	2.3
Health Impaired	6	2.0	2.3
Hard-of-Hearing	1	.8	2.4
Deaf	0	.3	2.4
Other	1	2.3	—

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Speech Impaired cases (3) were under-sampled. Visually Handicapped, Orthopedically Impaired, and Health Impaired cases were sampled more than their proportional representation because they involved less common placements. Low incidence conditions, because of their infrequency, present novel and unfamiliar conditions which could challenge the pro forma operation of a standing placement team.

Demographic Characteristics

Table 3.9 gives general demographic characteristics of the sampled cases. There were more males (56) than females (40) which is typical of general trends in special education. The distribution of minority student cases (26%) was fairly representative of their general occurrence in the sample districts (24%). Type of Case refers to the causative source of the referral for each of the 96 cases which were followed. Comparison figures were not available but the lower figures for Scheduled Reevaluations (15) and Reviews (10) in our sample did not reflect the high occurrence of these types in general practice (especially at the end of the school year, when data collection was conducted). Because these cases were typically pro forma in nature and rarely resulted in placement changes or controversies, Initial Referrals and Reevaluations for Change in Placement were purposively over-selected, resulting in underrepresentation of Annual Reviews and Scheduled (3-year) Reevaluations.

In observing these sample characteristics, it should be noted that they reflect a non-representative selection (relative to national figures). Less frequent handicapping conditions and uncommon types of cases were represented more than they would be in a random sample. This situation was a direct result of the case selection design which was devised to obtain cases representing a broad diversity of variables.

Now that an overview of district and case characteristics has been given, the following chapters present our study findings which should be interpreted in light of the limitations thus far discussed.

TABLE 3.9: GENERAL CHARACTERISTICS OF CASES

CASE INFORMATION	CHARACTERISTICS		PERCENT OF TOTAL (N=96)
A. Sex:	Male		58 (n=56)
	Female		42 (n=40)
		TOTAL	100 (N=96)
B. Ethnic Group:	Non-Minority		69 (n=66)
	Black		17 (n=16)
	Hispanic		7 (n=7)
	Other Minority		2 (n=2)
	Unknown		5 (n=5)
		TOTAL	100 (N=96)
C. Type of Case:	Initial Referral		40 (n=38)
	Reevaluation for Change in Placement		34 (n=33)
	Scheduled Reevaluation		16 (n=15)
	Review		10 (n=10)
		TOTAL	100 (N=96)

4

PLACEMENT DECISION-MAKING: THE PROCESS

This chapter describes the processes and procedures local school districts use to determine educational placements for handicapped children. It begins with an overview of the requirements of Public Law 94-142 regarding educational placements and continues with a description of the way local districts place students.

In addition to the background section addressing Federal guidelines, four other organizing categories are used in presenting the findings: standard operating procedures, determination of placement, ancillary activities, and constraints. Because this chapter deals specifically with placement determination, the majority of information is contained under that organizing category. Within that subsection, primary areas of discussion include: the nature of placement meetings; consideration of input data; consideration of options; criteria for placement; and categorical decisions. Highly specific anecdotal information is dispersed throughout the discussions to facilitate understanding of the data.

Background

P.L. 94-142 requirements regarding special education eligibility and placement decisions stipulate:

1. Written parental consent must be obtained before conducting a preplacement evaluation.

2. A full and individual evaluation of the child's educational needs must be conducted before any action is taken with respect to the initial placement.

3. The eligibility and placement decision is made by a group of people including people knowledgeable about the child, the meaning of the evaluation data, and the placement options.

4. The eligibility and placement decision is based upon a variety of sources including aptitude and achievement tests, teachers' recommendations, physical condition, social/cultural background, and adaptive behavior.

5. Information must be documented and carefully considered.

6. The placement decision is made in conformity with the LRE rules.

7. The placement decision must be made on an individual basis.

8. If a determination is made that a child is eligible for special education and related services, an IEP must be developed for the child.

9. Written parental consent must be obtained before initial placement in a program.

10. Reevaluations of the child are conducted every three years, or more frequently if conditions warrant, or if the child's parents or teacher requests a reevaluation.

11. Written notice must be given to parents a reasonable time before the public agency proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child.

12. A continuum of alternative placements must be available to meet the special education and related service needs of handicapped children. (This continuum is defined specifically to include instruction in regular classes with resource room or itinerant services, special schools, home instruction, and instruction in hospitals and institutions.)

Additionally, local education agencies are given direction regarding the need to "insure that handicapped children have available to them the variety of educational programs and services available to nonhandicapped children served by the local education agency including art, music, industrial arts, consumer and homemaking education and vocational education." This variety of educational programs and services available is not confined to those listed, but includes the right of access to any programs or activities in which nonhandicapped children participate (Section 121a. 305).

In Section 121.306 the enabling legislation further expands those activities in which handicapped children have a right to be involved. These include extracurricular and nonacademic services, recreational activities, special interest groups or clubs sponsored by a public agency.

Furthermore, the Regulations require that in arranging for these nonacademic and extracurricular activities (meals, recess periods, etc.) each public agency is responsible to insure that each handicapped child participates with nonhandicapped children to the maximum extent appropriate to meet the needs of that child.

Standard Operating Procedures

"Standard operating procedures" refers to guidelines contained in district documents regarding placement decision-making. At some sites, districts had their own set of policies which they had written and published. In others, the only information on policies that the observers could obtain were state application forms which the districts were required to sign when applying for P.L. 94-142 funds. Most state applications cited the Law or the Rules and Regulations verbatim and required the districts to give "assurances" that these procedures were being implemented. In those districts in which no other policies and procedures were published, these state applications had to be accepted as being representative of the districts' standard operating procedures.

Review of district plans submitted to the state education agency provided information on local procedures related to placement decision-making and the LRE principle. In general, the districts included references to Federal and state laws as they related to these issues. In most cases, however, districts did not go much beyond reconfirming or concurring with the philosophical intent of state and Federal requirements. For example, a district would simply affirm its commitment to "apply the doctrine of Least Restrictive Alternatives to the delivery of education services;" this represents a typical reference in a local education agency plan to the issue of least restrictive placements. On the other hand, there were isolated instances where a district was much more comprehensive in its assurance that LRE was a meaningful consideration which influenced educational placement decisions for handicapped students: "handicapped students are to be educated with nonhandicapped students except when the handicapped student's educational progress would be slowed, the quality of his or her educational services would be harmed, or the student's behavior is repeatedly and demonstrably disruptive of other students' programs."

The formal name of the placement committee usually varied across states with such labels as Educational Planning and Placement Committee (EPPC), Identification, Placement, Review, and Dismissal Committee (IPRD), Child Study Team, and/or the Individualized Educational Plan Committee. More informally, meetings were referred to as school level staffings, central committee, pre-placement staffing, or just meetings.

In reviewing the district annual plans, it was difficult to identify a sequence and number of distinct meetings associated with the placement process. Many of the less formal meetings were building specific and convened at the direction and discretion of the local administrator. They were, therefore, not required across all schools and were not typically included in the form of written policy.

Some districts plans specifically identified participants of the placement committee meetings. These typically included: the student's teacher, special education supervisor, parents, student and, for an initial referral, a member of the evaluation team. Usually there was no mention of district staff representatives who were required to attend or how many members of the committee in attendance constituted a quorum. In four of the five states, the parent seemed to be the crucial member of the team who should be present in order for deliberations to begin. One district limited the number of voting (or decision-making) committee members to no more than seven persons, stating that others may serve as resource persons only. In another district the policy regarding participation in placement meetings limited to three the number of persons the parents were permitted to invite.

In general, district materials did not discuss how a placement decision should be made. Little was detailed about the types of informational data which must be presented or shared by the placement group. To the extent that the group included an individual who was involved in the evaluation or was knowledgeable about the evaluation results, it could be inferred that evaluation data would be a topic of discussion in the meeting and therefore considered in determining placement.

All fifteen districts indicated that a continuum of alternative placements did exist within the district. The models in use included: itinerant, resource room, self-contained, and residential placements. Some districts described in writing each of the special education and related service programs available within the district. In one of these program descriptions the criteria for enrollment were specified: "the student must be able to work at the 50 percent production level or above." Usually private facilities within the district were not included in descriptions of available alternative placements. This may be an indication that such private placements are not routinely considered in placement deliberations.

When describing how the placement decision should be made, one district stated, "for students with special needs, the decision for special accommodations and services must be set out in a consensus decision supported by the balance of evidence and argument." One other district specified that decisions of the committee would be determined by a consensus of professional members of the committee, and further defined consensus to mean "all professional persons are in agreement." If parents disagreed with the eligibility decision they could: (1) submit a minority report for consideration by the superintendent or (2) request in writing a due process hearing.

In nearly all districts the standard operating procedures met the requirements of the Law, and in a few cases they exceeded the Law. For example, P.L. 94-142 requires parent consent for preplacement evaluation and for initial placement, but only written notification when proposing or refusing to initiate or change the identification, evaluation or educational placement of a child. Most districts (12 out of 15), however, required written parental consent before making any change of placement. In another example, the Law requires that parents be given a copy of the Individualized Educational Plan "upon request"; most districts, however, routinely gave parents copies of the Plan and did not wait for requests.

As for the actual conduct of the meeting, most districts did not provide written details about the nature of and order for presenting information. A review of district forms which document the meeting did provide some clues as to the types of data which must be presented and the decisions which must be made at each kind of meeting. The content of the form defined, at a minimum, the general topics which should be discussed. This provided some structure for the person responsible for recording data and could help guide the group in the placement determination process. To the extent that all blanks were filled in and the form signed by the parents, the placement decision (or Individualized Educational Plan) could be considered completed.

Determination of Placement

The nature of the decision-making process at the local level make it difficult to identify who actually determined placement and when that decision was really made. It seemed that only one or two district staff members decided where the handicapped child should be placed; this recommendation was then presented to a committee for pro forma approval. Unless there was obvious disagreement about where a child should be placed, there really was not much need to convene the placement committee other than to present the decision to parents and/or other professional staff who would be involved.[1]

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[1] This finding is supported by results of a study of placement committees conducted in the State of Connecticut, where researchers concluded that decisions were made by one or two members of the placement committee and not through the group decision-making process.

The Nature of Placement Meetings. Our study included observations of several types of placement related meetings: (1) formal pre-placement staffings; (2) planning committee meetings (because with initial referral, the subject of eligibility was often a part of the committee's deliberations); and (3) IEP conferences. The focus of these observations included placement meeting procedures, attendees, activities of the meeting, length of time, and diagnostic placements. These are discussed in more detail below.

Placement Meeting Procedures. Placement committee meetings were sometimes conducted at as many as three different administrative levels within the school system: at the school building level, the regional office, and at a central (district) committee. That is, several placement meetings had to be convened before final approval of the recommended placement. Parental approval of the placement in such instances was parallel to district approval; parents, however, were not involved at each juncture in the process. Once the district was in agreement with the recommended placement it was presented to parents; or once parents had essentially agreed with the placement, the case went through the decision-making process at the district level.

All 15 districts in the sample conducted at least one meeting which focused on the determination of educational placement for the child and/or the development of the Individualized Educational Plan. Parents were invited to attend at least one meeting of this type. Parents were rarely invited to pre-planning meetings conducted by district personnel. When these meetings were of a formal nature, they typically were convened to discuss a number of cases and/or to share the progress on cases which were within the referral system. In a large district such staffings included representatives of several disciplines (social work, special education, speech and hearing, occupational and physical therapy); as many as 20-30 different cases would be discussed. Frequently, in these staffings professionals directly involved with a case would begin to informally consider a child's eligibility for special education services or possible placements. In some districts this type of meeting was held at the building level: it included professional staff assigned to that building and covered cases of students currently attending that particular school.

In at least five sites, district personnel held preliminary meetings in the absence of the parents to discuss eligibility and placement. At times, these preliminary meetings involved a multi-disciplinary group of people, but at other times one or two individuals made the final decisions. It was not unusual to find that the psychologist's recommendation determined whether or not a child was eligible for special education services. The initial placements were often decided by the placement team chairperson with the assistance of perhaps the referring or receiving teacher.

School staff held these meetings to resolve internal conflicts which might exist among the school personnel, to discuss sensitive issues which may be inappropriate to discuss in the presence of the parents, and to give the staff a sense of unity when they did make formal placement recommendation to the parents. Although parents were given an opportunity to participate in a formal placement meeting held at a later time, there were seldom any changes in the eligibility and placement decisions which had been predetermined. The net result was that in some cases the group decision-making process advocated in the Law had not been utilized to the fullest extent and the eligibility and placement decisions were frequently made by only one or two individuals.

In summary, preplacement and placement meetings were often conducted at several different administrative levels. Parent involvement was limited to one meeting, typically the placement meeting, and professionals who participated usually included the school psychologist, special education teacher, and regular education teacher. Placement decisions were often made at preliminary staff meetings by one or two individuals; at a formal placement meeting, parents were presented with the school's predetermined recommendation. Most of the meetings did not utilize an agenda, although almost all of the meetings had someone who took notes concerning the meeting activities. Written parental consent was always obtained prior to any preplacement evaluation, although some sites also used informal diagnostic placements.

The type of case usually influenced to some extent the number of meetings held, the staff attending, and the nature of deliberations. Three case factors appeared to have major influence: (1) the severity level, (2) the handicapping condition, and (3) district perception of parent acceptance of the suggested placement (likelihood of parental rejection of the placement recommendation). In addition, the type of referral the case represented (e.g., annual review vs. initial referral) also affected the number of meetings held. Across the 96 cases in our sample, there were slightly fewer than 1.5 meetings per case. Over half of the initial referrals had two meetings per case. Only one of the ten annual review cases had two meetings. Three-fourths of the 35 scheduled reevaluations had only one meeting; however, one reevaluation case had the maximum number of meetings - 4. (See Table 4.1.)

Attendees. The average number of participants who attended a placement meeting was six. The four members most frequently present in the 134 meetings were: the school psychologist (69%), the mother (56%), the self-contained special education teacher (48%), and the regular education teacher (43%). In about one-third of the meetings, the principal of the school in which the child was currently enrolled, participated in the deliberations. An important characteristic of those professionals who participated in determining placement was their familiarity with the child. Almost three-fourths of the time the professional participant knew who the child was.

Meeting Activities. In 125 out of the 134 meetings observed, there was no agenda of proceedings presented to participants. In the seven meetings which did include an agenda this agenda was presented orally. In general, meetings began with a brief overview of the purpose of the meeting or some details of the particular case(s) to be discussed. In

TABLE 4.1: AVERAGE NUMBER OF MEETINGS PER CASE FOR ALL TYPES OF REFERRALS

Referral Type	Average Number of Meetings	Number of Cases by Number of Meetings			
		1	2	3	4
Scheduled Reevaluation	1.5	9	5	1	*
Reevaluation for Change in Placement	1.5	21	10	1	1
Initial Referrals	1.6	19	18	1	*
Review	1.1	9	1	*	*

slightly less than half of the meetings participants were introduced. (In many meetings the attendees already knew each other so introductions were unnecessary.) For only one meeting was there a written list of attendees; this list included both names of participants and their roles.

In 97 percent of the committees observed, someone was writing or taking notes. In a majority of these meetings the writing was related to completing a pre-printed form which documented the proceedings (Table 4.2). This documentation process was usually completed by a member of the committee, as opposed to a recording secretary whose main function would have been notetaking.

Length of Time. The average meeting lasted 36 minutes. The range was a low of 9 minutes and a high of 1 hour and 27 minutes. Placement committees tended to spend a greater amount of time deliberating the educational placements of children who were recommended for a change in placement. The average meeting time for these cases was 42 minutes. Annual reviews had the shortest average meeting time, 31 minutes (Table 4.3).

Summary. Preplacement and placement meetings were usually conducted at different administrative levels. Parent involvement was limited to one meeting, typically the placement meeting, and professionals who participated usually included the school psychologist, special education teacher, regular education teacher, and social worker. Most of the meetings did not utilize an agenda, although almost all of the meetings had someone who took notes concerning the meeting activities.

Diagnostic Placements. In all sites, written parental consent was obtained before any preplacement evaluation was conducted. In at least six sites, however, "informal" placements were made prior to the completion of any full or individual evaluation of the child's educational needs. Reasons for such informal placements varied. In one case a child was informally placed in a special education program until

TABLE 4.2: MEETING ACTIVITIES

ACTIVITIES	PERCENT OF MEETINGS (N=134)		PERCENT OF POSITIVE RESPONSES (N varies)	
	NO	YES		
A. Meeting Agenda	93 (n=125)	7 (n=9)	**Characteristic**	**Percent (N=9)**
			Oral	100 (n=9)
			Written	0 (n=0)
			Both	0 (n=0)
B. Introductions	47 (n=63)	53 (n=71)		
C. List of Attendees	99 (n=133)	1 (n=1)	**Characteristic**	**Percent (N=1)**
			With Roles	100 (n=1)
			Without Roles	0 (n=0)
D. Writing During Meeting	28 (n=97)	72 (n=97)	**Characteristic**	**Percent (N=97)**
			Minutes on Official Form	60 (n=58)
			Minutes Freehand	23 (n=22)
			Other Writing	23 (n=22)
			General Goals	21 (n=20)
			Specific Goals	9 (n=9)
E. Discussion of Next Evaluation	88 (n=118)	12 (n=16)		

TABLE 4.3: AVERAGE LENGTH OF MEETING TIME BY CASE FOR ALL TYPES OF REFERRALS

Referral Type	Meeting Time		
	Average Time	Range	
		Shortest Meeting	Longest Meeting
Scheduled Reevaluation	34 min.	10 min.	1 hr. 22 min.
Reevaluation for Change in Placement	42	22 min.	1 hr. 20 min.
Initial Referrals	36	5 min.	1 hr. 15 min.
Review	31	9 min.	59 min.

the end of the school year (2-3 months). The placement team wanted to avoid the stigma of labeling the child and hoped the child might progress far enough in that period of time so he would not have to be formally enrolled in special education the following school year.

In a second case a reasonable but unusual sequence of events took place. A severely health impaired child was in obvious need of homebound services. The placement team agreed to supply homebound services and sent a diagnostician to conduct an educational assessment. The diagnostician then advised the homebound teacher of the results of the educational assessment for inclusion in the Individualized Educational Plan. Although the case did not follow the P.L. 94-142 specified sequence (first an educational assessment should be conducted, second an IEP is developed including a placement decision), the particular circumstances of the case made the sequencing seem reasonable.

In five sites diagnostic placements were allowed. In fact, state law expressly allowed the use of diagnostic placements in one state. Such diagnostic placements were usually considered to be a part of the assessment procedures and, since no formal placement had been made, district personnel felt they were technically meeting the letter of the law. It should be mentioned that the use of such visits and diagnostic placements were infrequent. When they did occur, there were sound reasons for the action which generally benefited the child.

Consideration of Input Data. Most often, information sharing was done in a round robin fashion. That is, the chairperson would identify one of the members (apparently at random or in consideration of their schedule) to begin the discussion of the case by presenting some assessment data. Each participant in turn would present the information he had collected about the child under consideration. Sometimes discussion would occur during this data presentation sequence of the meeting. In many cases the parent(s) was asked to contribute information about the child's behavior at home, interaction with siblings, and/or other related areas.

In Appendix A, a comprehensive listing of the issues discussed (Table A.13) and the extent of discussion for each issue (Table A.14) is presented. The following is a summarization of those findings that reflects both the incidence of the issues which were mentioned and the extent of discussion:

Usually Discussed (60-100%) of meetings:

Major Extent:

- Interpretation of test results
- Classroom achievement
- Social behavior
- Medical facts/needs
- Family history/conditions
- General programming goals/needs

Lesser Extent:

- Program characteristics

Frequently Discussed (30-59%) of cases

Major Extent:

- Specific programming goals/needs

Lesser Extent:

- Description of previous placements
- Supplementary services used
- Instructional methods tried
- Relating test results to programming
- Physical attributes/needs
- Behavior at home/outside of school
- Family attitude toward handicap
- Staff attributes
- Classmate attributes
- Transportation
- Family attitude toward potential placement

Infrequently Discussed (10-29%) of meetings:

Major Extent:

- Survival skills

Lesser Extent:

- Presentation of test results
- Attendance/tardiness of student
- Hobbies and interests
- Family attitude toward present placement
- Student attitude toward handicap
- Student attitude toward present placement
- Availability (of placements)
- Cost
- Proximity
- Student attitude toward potential placement
- Stigma
- Educational harm to child
- Other harm to child
- Long-term effects
- Recommendation from non-district specialist
- Other issues
- Child's next evaluation

Rarely Discussed (less than 10%) of meetings:

Major Extent:

- Structured observation of student impact on family

Lesser Extent:

- Ranking of student needs
- Loss of mobility
- Physical harm to others
- Physical harm to child
- Educational harm to others
- Other harm to others

In examining the above listing it is important to note that, in general, the issues considered most important to programmatically sound placement procedures were also those which were most frequently discussed at the observed meetings. These included the interpretation of test results, individualized student achievement, programming goals and needs, and program characteristics. Many of the elements integral to the concept of LRE were discussed to some extent. However, a few elements, such as proximity, stigma, and harmful effects were not discussed to the degree anticipated.

The relationship of the issues discussed at meetings to the implementation of LRE in particular, and to placements in general, is discussed in Chapter 5 and in other sections of this chapter. Therefore, the remaining discussion will focus on a few issues which have not been covered in the foregoing discussion. This includes three general areas: the provision for future reevaluations and/or short-term monitoring of placements; the use of test and assessment results; and programming goals.

Monitoring and subsequent reevaluation of placements. P.L. 94-142 requires that the placements of all handicapped students be reevaluated, at a minimum, every three years, and reviewed each year. Among the 96 placement cases which were followed in the study, 15 were scheduled three-year reevaluations and ten were annual reviews. Discussion concerning the timing or scheduling of the next evaluation occurred in only 12 percent of the 134 meetings observed and for 17 percent of the 96 cases. Thus, approximately only one of six cases included the planning or scheduling of the next evaluation of placement. Because of this low occurrence, individual cases were examined to determine if particular factors influenced whether or not the next evaluation was discussed.

Two sample characteristics were found to be associated with a higher degree of scheduling for the next evaluation. One of these was the type of case: scheduled (three-year) reevaluation, was more likely (33% of these cases) to stipulate that the next reevaluation would also occur in three years. This was a pro forma procedure, however, in those instances. The second association was somewhat more meaningful. In the selection of case sample, eleven cases were chosen explicitly because they involved severe handicaps. Of these eleven cases, 36 percent scheduled the next evaluation for the student. Neither of these relationships, however, was very strong, and small numbers of cases were involved. Consequently, minimal importance should be applied to these findings. Overall, the occurrence of planning future evaluations was small and, in most instances, no contextual patterns were associated.

Similarly, the data revealed that very few cases included provisions for systematic monitoring of the success of the selected placement. Although in 71 percent of the meetings (related to 82% of the individual cases) a team member was named to follow through on the details of case processing, in only 26 percent of the cases were provisions actually made for short-term monitoring/follow-up of the placement. A slightly higher incidence of these provisions occurred in certain types of cases: severe handicaps, placements that reflected a change in restrictiveness, initial referrals, and in reevaluations for change in placement (rather than scheduled reevaluations and annual reviews).

In two-thirds of the districts, observers questioned the thoroughness with which three-year reevaluations were conducted. P.L. 94-142 indicates that reevaluations are to be conducted using the same procedures as those for the preplacement evaluations. These procedures are to include not only test results but also teacher recommendations, socio/cultural background, family history, adaptive behaviors, etc. In practice, though, most three-year reevaluations relied heavily on aptitude and achievement tests. In fact, reevaluation meetings were often conducted on a pro forma basis. In one site, a meeting to review approximately 25 reevaluations was conducted in about two hours. In another site, reevaluations were seldom conducted at all due to a heavy workload and what was perceived to be poor overall management.

Use of Test and Assessment Results at Placement Meetings. P.L. 94-142 mandates a number of requirements concerning use of test results in the planning of programs and placements for handicapped students.

Paramount among these are stipulations regarding the non-discriminatory nature of tests and the multi-dimensional and disability-specific contexts of testing. To study the implementation of the testing reqirements of the Law in the cases that were observed, two separate sources were examined: the case file which included the results of tests that had been administered prior to the placement meeting and the use (discussion) of testing information during the meetings.

Examination of case files showed that achievement and diagnostic testing was evident in a majority of cases. For the most part, very general achievement instruments (such as the Wide Range Achievement Test or the Peabody Individual Achievement Test) were widely used. There was also fairly frequent use of one receptive language test, the Peabody Picture Vocabulary Test (28% of the cases), and the Bender Visual-Motor Gestalt Test (36% of the cases). Complete, recent psychological evaluations were present in only 69 percent of the examined cases and the most common instruments employed were intelligence tests, such as the Wechsler Intelligence Scale for Children - Revised (51%) and the Revised Stanford Binet (18%).

More crucial to the thrust of this study, was the actual use of test information in the placement process. To this end, four assessment-related items were noted during observation of meetings: presentation of test results, interpretation of results, relationship to placement being considered, and structured observations of students.

Presentation of test results occurred in 75 percent of the meetings, but was a major item of discussion in only five cases. Typically, test scores were simply read off quickly as a prelude to discussion of their interpretation. The major exception to this practice usually occurred in initial referrals, where testing had been done for the first time and some description to the parents of the reasoning behind the tests or the psychometric principles involved was necessary.

Interpretation of test results occurred in 73 percent of the meetings and was extensively discussed (rated "2" or "3") in 62 (65%) of the 96 observed cases. It was, therefore, a major component of most of the meetings in the study. Subsequent analysis revealed that the interpretation of test results was most extensively discussed in cases of severe handicaps and initial referrals. A contrasting lesser amount of discussion occurred in cases where the actual placement involved a change in the degree of restrictiveness. In particular, only 3 (out of 14) cases, where the student was transferred to a less restrictive setting, involved an extensive discussion of test results. The relatively small emphasis placed on testing in these cases reflected the team's prior familiarity with the particular cases and their positive attitude toward the student's educational enrichment.

The third component of testing measured during meetings was the degree that assessment results were related to the placement options or decisions. Assessment data were often interpreted but these materials were less frequently related to the placement process itself. Overall, a direct link between testing and placement was extensively treated on only 27 occasions and these were related to 26 individual cases (the issue was a major factor during two meetings on one student). In the nine cases that involved a move to a more restrictive environment, this issue was never extensively discussed. Keeping in mind the emphasis on achievement and intelligence testing revealed through review of case files, this lack of linkage between assessment results and placement options in cases moving to more restrictive environments may reflect the greater significance of social/behavioral factors and programming needs associated with this type of decision. In contrast, where test results were extensively discussed prior to less restrictive placements, the findings were exclusively discussed as evidence which supported the change.

A fourth component, structured observation, is typically considered a strongly recommended feature of student evaluation. The observers noted its presence in only 12 of the 134 meetings, however, and it was rated as an important aspect for consideration in only 5 cases. Two of these cases were specially convened reevaluations of students which resulted in less restrictive placements, and the other three were initial referrals. One of the reevaluations and one of the initial referrals were severely handicapped students.

Other input data discussed at meetings were also noted during field observations. Of chief interest were discussions concerning medical facts, family history/conditions, and survival skills. The first two areas are of interest because of their relative frequency of occurrence. The latter discussion topic was observed infrequently, but is of interest because when it did appear, it prompted a good deal of discussion.

A majority of meetings (61%) included a discussion of the child's medical background. However, in only 57 percent of those meetings (representing 38 individual cases) was this issue extensively discussed. As would be expected, the heaviest input of this information occurred in cases of severe handicaps (7 out of 11 cases) and in cases of disabilities of physiological etiology (primary or secondary diagnoses of Orthopedically Impaired, Health Impaired, Visually Handicapped, Hard-of-Hearing, and Multiply Handicapped); (16 out of 25 cases).

Background information on family history and conditions was discussed in 91 of the 134 meetings. Although involving fewer than half of the cases in our sample, in most of these meetings family history was extensively discussed. These discussions were distributed fairly evenly over different types of cases, including cases where parents participated and those where they did not.

Survival skills included both "self-help" behaviors such as dressing, eating, and toileting as well as "self-preservation" abilities, such as environmental sensitivity, ambulation, and awareness of danger. These issues were infrequently discussed (only 38 out of 134 meetings), but when they were, they received considerable attention in half of the occasions (19 meetings). As expected, survival skills were of most concern, and therefore more extensively treated in cases of severe or physical handicaps (e.g., Hard-of-Hearing, Visually Handicapped, Orthopedically Impaired). For example, concern was expressed in the cases of several severely visually handicapped students about their abilities to move to separate program areas and this concern contributed, in one case, to a decision to place the student in a self-contained class in a special public school.

Programming goals. P.L. 94-142 requires the individualized development and implementation of goals and objectives as an integral part of the program plan for all handicapped students. Insofar as many of the observed meetings included IEP development, this was an expected component of discussion in the sampled cases.

Out of the 134 observed meetings, 115 did include some discussion of general goals and 67 discussed specific goals or objectives. Statements of general goals typically included: to build self-concept; to eliminate perseveration; to improve reading language development and math achievement; and to modify disruptive classroom behavior. Specific goals and objectives often included strategies for achieving the objective, for example: to work on lines and letter formation using sandpaper letters; to upgrade ambulation by using knee walking; to work on diagraphs; to learn to identify silent letters; and to learn use of the dictionary. Extensive discussion occurred for general goals/needs in 67 meetings (representing 58 cases) and for specific goals/needs in 41 meetings (38 cases). Furthermore, the data revealed that the highest occurrence of this type of program planning took place in cases of more severe handicaps and in initial referrals and annual reviews (which usually included a pro forma draft of the Individualized Educational Plan).

In summary, major discussion areas in placement meetings included interpretation of test results, student-specific information, and general programming goals/needs. Specific provisions for follow-up/monitoring of the implemented placement were seldom in evidence at meetings. Test results were used extensively in placement meetings to provide background information on the student's abilities and needs, but were rarely discussed in relation to proposed placements. Specific goals and objectives tended to be raised more frequently in meetings concerning more severe cases and initial referrals.

Consideration of Options.

There was generally consensus that a child could be placed appropriately in an existing program within the school district. In those meetings in which there was no consensus (11 out of 124 meetings in which placement was an issue), the discussion most often centered upon which program, class, or service would be the most appropriate, rather than whether or not the district offered an appropriate program, class, or service. Similarly, disagreement over the placement recommendation/decision was found to be minimal and revolved around the issue of program appropriateness. For example, placement was an issue in a few cases where the diagnostic label was in dispute (Educable Mentally Handicapped or Trainable Mentally Handicapped). In another case there was some question as to whether or not a regular and resource placement would more adequately meet the needs of the student than would a self-contained classroom placement. Finally, a few cases involved questions of eligibility for special education services and discussions about what should be done for students who technically did not qualify for such services. In spite of these few disagreements, the placement team members, parents, and students normally concurred with the placement recommendation/decision.

In only 9 out of 134 meetings was the range of available options presented prior to discussing an individual option, and all available options were never presented. In only one meeting were several options presented along a continuum of restrictiveness. Typically, the placement team gave serious consideration to only one option before making a placement recommendation/decision. Two options were seriously considered in less than one-ninth of the cases and three placement alternatives were seriously evaluated in only three cases. When two or more options were considered, the discussion normally centered around disputes over labels, (e.g., TMH vs. EMH), or disagreements over the amount of time to be spent in special education (i.e., Resource Room vs. Self-Contained). Although the placement teams explored few placement options, it should be emphasized that the teams apparently saw no need to investigate any more than that. In the vast majority of cases there was usually a consensus that an appropriate placement could be made in an existing program within the district.

Although a placement was usually found for a student, lack of options and openings did appear to have an indirect effect on decision-making. That is, those placement opportunities that did not exist or were already filled often seemed to be automatically eliminated from consideration. Thus, the placement deliberations which we observed were generally confined to discussing known and available options. Unfamiliarity with district and private resources limited the consideration of a variety of placement options which could have been appropriate. Often team members had a "mental menu" of options which had slots or spaces available from which to choose. In other cases, however, the fact that programs or classes were full was discussed openly in the placement meetings. Field staff confirmed that in several other cases the lack of available openings was a determining factor in placement selection.

Those placement teams which did not raise the problem openly, ignored it by simply not mentioning the particular placement as an option for consideration. At other times, a program which was full might be mentioned in an off-hand manner, but rejected immediately without due consideration; e.g., "The Trainable Mentally Handicapped Self-Contained class is full anyway." In other instances, the fact that certain programs were full was used as justification to place a child in a different class. In one case there was a brief dispute concerning whether a five-year-old child should be placed in a speech therapy class in her home school or in a Severe Oral Language class in another school. Although the psychologist did not want her moved from her own school, the final decision was to place her in the Severe Oral Language class. This decision was bolstered by the fact that there was no room in the speech therapy class in her home school. In another case, although the child had been classified as Specific Learning Disabled, the committee chairperson "declared" the child would be placed in her own resource room for Educable Mentally handicapped students because there was no room in the learning disabilities class. This meeting lasted 13 minutes.

There were instances in which districts made special efforts to overcome the constraints of limited placement opportunities. In one case a district considered establishing a transition class for students who were transferring from Trainable to Educable Mentally Handicapped classes, and for students who were borderline trainable/educable mentally handicapped. In another district, a private speech and hearing consultant was hired to work with one individual child who had a severe hearing impairment.

In summary, for nearly every case observed, the districts were able to provide some sort of service to the students. Although these programs were not always selected from a range of possibilities, thus limiting the precision with which the most appropriate placement could be chosen, the districts appeared to be making a genuine and conscientious effort to serve the students as best they could.

Criteria for Placement

It was the consensus of the field staff that the sample districts did, to the best of their abilities, educate handicapped children with children who were not handicapped. In nearly all sites, handicapped children had available to them some, but not all, of the educational programs and services available to non-handicapped children. District personnel seemed to have a fixed "mind set," however, whereby non-academic programs in which handicapped students participated were limited to lunch, recess, art, music and P.E. Opportunities for interaction with non-handicapped students in intramural sports, school clubs, recreation, and other school electives (such as drafting, home economics, auto mechanics, driver education, etc.) were not given consideration when determining the child's class schedule.

Most districts did offer some continuum of alternative placements as described in the Rules and Regulations. In ten districts, however, observers questioned the adequacy of the continuum due to insufficient openings in the placement alternatives. At times, children had to be transported because there were not enough openings in programs close to home. In another case a child was placed in a less than appropriate class (Educable Mentally Handicapped) because transportation could not be provided to the program which the placement team believed to be the most appropriate placement, a Trainable Mentally Handicapped class. In one state the special education programs were limited to Learning Disabled, Emotionally Disturbed, and Mentally Retarded classes; the continuum was regarded as the amount of time spent in any one of these three categorical classes.

The most commonly considered placements were Regular and Resource Room (39 cases), Self-contained Classroom on a Regular Campus (26 cases), Self-contained and Regular Classrooms (13 cases), and Self-contained in a Special Public School (8 cases). Districts tended to consider placements which were "safer" from a legal perspective and less likely to cause problems with parents or Federal and state monitoring efforts. That is, if children were placed in resource rooms and self-contained classes on the campus of a regular education facility, it would seem less likely for districts to be found non-compliant with the LRE provision of P.L. 94-142 or to receive parent complaints of children being segregated from the mainstream.

In the few cases where multiple options were considered (n = 12), the placement alternative most frequently discussed was the self-contained classroom in a regular public school. In contrast, very few cases which recommended regular classroom and resource room instruction discussed other placement options. Scheduled reevaluations and reevaluations for change in placement were more likely to consider multiple placement alternatives than were initial referrals and annual reviews. Of the 12 cases raising multiple options, 10 were scheduled reevaluations or reevaluations for change in placement; only 2 were initial referrals, and no instances occurred with annual reviews.

For each total option and component part of an option (e.g., "resource room" is one component of the total placement option, "regular plus resource room"), the issues considered in evaluating that placement were recorded. Because some cases considered more than one option, and because many placement alternatives had at least two component parts, a total of 223 occasions when criteria could be raised in determining placement were noted. The major issues concerning placement which were discussed on these occasions were as follows:

- student academic needs (86%)
- test results (78%)
- performance in present placement (77%)
- student's social/behavioral needs (76%)
- school system preference (74%)
- handicapping condition (72%)
- family preference (51%)
- program characteristics (50%)

The relative importance of these separate issues was generally constant over different case characteristics and types of placement ultimately selected. The only topics which varied to any measurable degree in their importance were handicapping condition, school system preference, and family preference. All of these increased in occurrence with the relative restrictiveness of the placement being discussed. For example, in consideration of the option of regular education (alone or in conjunction with resource room, services to teacher, etc.), the above three criteria were considered in the following percentage of meetings (n=52 out of 134):

handicapping condition	51%
school system preference	64%
family preference	43%

In contrast, for meetings that considered the option of self-contained and regular classrooms (n=15), the percentages increased:

handicapping condition	80%
school system preference	93%
family preference	93%

In sum, a number of factors (criteria) were typically important in evaluating the appropriateness of placement options. These were, for the most part, the eight items listed earlier. Among them, three increased in importance relative to the restrictiveness of the options that were being considered. The level of restrictiveness per se was not an important issue and was discussed in only a small number of cases.

Categorical Decisions

The extent to which placement decisions may be categorical can be partially inferred from the role that labeling a child plays in placement decision-making. Categorical placement decisions may be occurring when "placement" deliberations focus solely on determining the handicap classification, and not on the needs of the child. There are a variety of factors which can affect this approach to the determination of placement. One of the major factors is the district's need to count special education students in categories for both child count and reimbursement purposes. Another factor is that once the handicapping condition is identified, certain placements become more or less appropriate depending upon the decision rules operating within the district. In spite of these "incentives" for categorical placement, the cases in our sample generally made placement decisions based on the needs of the child, rather than on the handicap label alone.

Although handicapping condition ranked sixth out of 35 possible criteria for evaluating placement possibilities, this criterion was preceded in frequency by other, more individualized considerations such as academic and social/behavioral needs of the student (ranked first and fourth, respectively). Another indication that categorical placements did not occur come from cases where the handicapping label was debated. In these instances, the driving consideration was under what classification the child could best be served. Rather than assigning a label which automatically determined placement, the placement teams we observed carefully considered the needs of the child and the benefits of a particular placement before opting for one classification over another. For example, the label of Learning Disabled was decided over that of Speech Impaired for a pre-school child so that she could continue to receive more individual attention when she entered kindergarten. A health impaired child had needs that could best be met in a self-contained learning disabilities class. Not qualifying under Learning Disabled, she was labeled as non-categorical and thus eligible for that self-contained class.

Sometimes a particular classification was unacceptable to a parent. In one case where there was debate betweem Severely Emotionally Disturbed vs. Learning Disabled levels, the committee chose the latter, at the request of the mother. The child would still receive some special attention, but would not carry the negative connotations associated with the label of emotionally disturbed. In another case a child was diagnosed as mildly mentally retarded and a "primary adjustment room" was suggested. The mother refused so the child was identified as mildly mentally handicapped and continued in a regular class with speech therapy and remedial reading. There was extensive use of the Emotionally Disturbed label in one district, especially with students who were truant. This label enabled them to receive social work services they could not have received otherwise.

In summary, final placement decisions, in most cases, were directly related to the individual needs (academic, social) of the child. To ensure appropriate services, placement teams sometimes decided upon the most appropriate option first and then assigned the necessary lavel.

Ancillary Activities

Two main types of activity related to placement determination were conducted by the State Departments of Special Education: (1) training and technical assistance and (2) monitoring. Three states offered some training and technical assistance in the area of placement decision-making, although LRE was not a specific focus of these activities. Several states also indicated conducting training in the development of Individualized Educational Plans, an area often requested by the districts. All five states monitored local school district implementation of Federal and state laws governing the education of handicapped children. Monitoring generally served not only to assess compliance but also to identify areas needing improvement.

In all states, monitoring involved site visits to review of paper documentation of the referral, identification, and placement process. Typically, if areas of non-compliance were identified, a letter was sent to the district specifying these. The district was then required to respond as to how these issues would be remedied and to make assurances that the measures would be implemented. The monitoring process served more to clarify written policies than to alter local practices.

Local district activities varied in terms of how much, if any, training, technical assistance, and/or monitoring was provided by the special education departments to the special and general education staffs in the local schools. Much of the past assistance had focused primarily on how to achieve compliance with the Individualized Educational Plan provisions of the Law. Little training was offered in the placement decision-making process itself or in the application of LRE in determining educational placements for handicapped students. An exception to this was one district which had developed a comprehensive inservice training package for special and regular educators and parents in the group decision-making process.

Constraints to the Placement Decision-making Process

Several factors appeared to constrain or hamper the placement decision-making process, including lack of parent involvement of group decision-making skills, and of case-relevant information as well as the size of the committee meeting on placement. Each of these is discussed in turn.

Parent involvement was a two-fold problem in many of the districts visited. Some schools required parents to attend the placement meeting; when parents did not show up, the meeting was cancelled, and an attempt made to reschedule. Repeated absences on the part of the parent caused subsequent delays in serving children. The other aspect of parent involvement, which was problematic, was the lack of active parent participation in the decision-making process. Even when parents attended meetings they were rarely active participants. Parents often did not seem to know what was expected of them or how to participate effectively.

Group decision-making skills also appeared to be a constraint to effective placement practices. In general, members of the placement committee did not seem to be skilled in making decisions within a group setting. If there was more than one option to consider, the group employed no organized method in discussing and evaluating the options. Final decisions in such cases often seemed to be made by default. For example, in cases where there was no clear-cut evidence in support of one option over another, the solution might be to defer to the parent for the final decision. Something like this might transpire: "Well, Mrs. T., it really is up to you. Where do you want Lisa to go?" This puts the parent in a very difficult situation. After just experiencing several professionals advocating different placements with no clearcut rationale for choosing one over the other, the parent is forced to make the final determination. A worse case yet exists when the student is involved in a similar situation. When caught between two opposing placement viewpoints, the student is thrust into the role of chief decision-maker by being asked to designate a preferred placement. These certainly are not situations which reflect a placement decision made by a "group" as stated in the Law.

In general, however, passive agreement was the nature of the process when more than one placement option was being considered. That is, the group members sometimes meandered through pros and cons of different placements in a very non-specific way, without tying the student's needs to any of the program options explicitly. The consideration of options was often not a rational process: there was usually no weighing of alternatives relative to the programming needs of the student, nor was there any attempt to rank student needs. This lack of group decision-making skills may contribute to the practice of one person making the placement decision and then the placement team or committee merely rubber-stamping their approval of that placement. This lack of skill in applying a logical decision-making process may also tend to discourage consideration of different options when determining placement for a handicapped student.

Sometimes diagnostic information was not available to the committee for one of three possible reasons: (1) a professional with case relevant information was unable to attend the meeting; (2) the child had yet to be tested in a specific area; (3) it was not apparent that particular information was necessary at the time the case was scheduled for review. For example, in one case a placement meeting was convened but, for the first time, the regular education teacher raised the possibility of the student having a hearing problem. There was agreement that an appropriate placement decision could not be made without considering the results of an audiological exam. The committee was dismissed to be reconvened at a future time when all necessary data would be available. It is interesting to note that this particular case had to be eventually dropped from our sample, because the placement committee did not reconvene during our 2-month data collection period. The school notified the parent of the need for the student to have an audiological exam at the local medical center, but delays in completing this assessment caused subsequent delays in determining placement

In general, information presented at the placement meeting was disjointed. Part of this may be due to the condition of written diagnostic reports and part to the disparate locations of the information. In many cases it was markedly difficult to locate a central file which included a summary of all information pertaining to a given student. Each professional appeared to collect his/her evaluation data and did not share the results until the meeting. The time constraints of the meeting as well as parent/student attendance may also tend to prevent a thorough presentation of the data.

Group decision-making can also be inhibited by either a group which is too large and unwieldly or a group too small to include participants with varied information. The range of members participating in placement meetings we observed varied from 2 to 19. When the group had more than seven members, sub-conversations tended to evolve. In such a large group, there were usually conclaves of professionals who knew one another and became a sub-group, at times isolating and (inadvertently) intimidating parents and often the regular education teacher. On the other hand, groups consisting of only a few professionals and the parent were not able to develop a flow of dialogue necessary to help the parent feel like contributing.

Summary

Although much of what has been said with respect to placement procedures has been balanced with both positive and negative findings, the overriding good intentions of local practitioners need to be emphasized. Observers felt strongly that the placement teams were conscientiously attempting to serve the children as best they could. Teams were often overworked, and at times, poor management contributed to the problems of efficiently processing a large number of students. The vast majority of referrals were certainly handled within the letter and the intent of the law. Districts often found ways to improve their own efficiency and to enhance parent participation. In those cases in which districts only partially met the requirements of the law, fiscal constraints, heavy workloads, time limitations and problems beyond the control of the placement team, such as transportation and parent disinterest, often were major obstacles. Considering the enormity of the task and the limited resources of time, money, and personnel, most districts functioned admirably and effectively.

Specific findings for each of the key issues are presented below.

The Nature of Placement Meetings

- More than one option was not generally considered.
- Placement team participants generally had limited information regarding the range of options available.
- A rational decision-making process was not used in evaluating options.

Consideration of input data

- Information was generally presented, discussed, and elaborated on in an informal, round-robin fashion.
- Most cases contained extensive discussion of achievement and diagnostic testing. Elements of LRE, such as stigma and harmful effects, were seldom discussed.

- The extent of discussion of social/behavioral findings was significant for placements in a more restrictive setting.

Considerations of options

- All districts felt that most children could be appropriately placed in an existing program.
- In very few meetings was the range of placement options presented.
- More than one option was rarely considered when deciding upon placement.

Criteria for placement

- Placements tended to be based on the availability of openings and on test results.
- Interaction with the non-handicapped seemed to be an important placement criteria - although somewhat implicit.

Categorical decisions

- Overwhelmingly the cases in the sample were not decided merely on the basis of handicapped label alone. Although the determination of handicapping condition was often an integral part of placement determination, the student's academic and social needs consistently played an important part in defining the services required and identifying an appropriate educational setting.
- In general, districts were willing to bend the eligibility criteria in order to provide special education and related services to those children who were determined to be in need.

5

LRE AS A BASIS FOR MOVEMENT AND THE PLACEMENT DECISION

Background

A primary focus of this study was to examine the way and extent to which the prinicple of LRE entered into placement determination. Our approach was one of noting both explicit references and implicit considerations of restrictiveness. Because the LRE mandate is complex and comprehensive, this examination encompassed a wide variety of features which could (or should) be considered when selecting placement for handicapped children. The best known aspect of LRE, and the one most often misunderstood, is that of providing opportunities for interaction with non-handicapped peers. Due to the frequent confusion of this one component of LRE--the tendency to equate mainstreaming with the entire concept of LRE, rather than view it as only one part of the LRE mandate--special attention is given to this problem in this chapter. In addition, the other elements of LRE (proximity, harmful effects, quality of services, continuum of placements, and individually determined placement) are examined in light of their use when determining placement. Finally, a special examination of cases involving changes in restrictiveness (movement to either a more or less restrictive placement) is included.

This chapter begins with a review of local policies addressing LRE (Standard Operating Procedures) and moves into our findings concerning LRE, as outlined above (Determination of Placement). Additional activities related to LRE, such as training and monitoring, are discussed

(Ancillary Activities) as are the problems encountered in implementing the LRE mandate (constraints).

Standard Operating Procedures

A review of local plans, special education manuals, and other related policy documents for all districts in our sample was conducted to determine what formal written policies regarding LRE were being used. Of the 15 districts participating in our study, 8 of them reported some kind of formal written policy - most of which were simply quotes from Section 612 (5) (B) of P.L. 94-142. Two districts defined their LRE policy simply as "proximity to home" or only made a reference to "fulfilling the doctrine of LRE" without further elaboration. One district defined the LRE placement as one: "... with non-handicapped children except when the handicapped students' education progress would be slowed, the quality of the educational services would be harmed, or the students' behavior is repeatedly and demonstrably disruptive of other students' programs."

Thus, little in the way of formal, written gudiance on LRE was evident in our sample districts. Federal regulations furnished the main substance of local LRE policies; elaboration and interpretation of these guidelines were lacking at the local level.

Determination of Placement

The extent to which the LRE concept was considered in determining the educational placement of handicapped children was not fully clear. Although the phrase "LRE" was infrequently mentioned in the meetings which were observed, many of the elements which comprised the concept of LRE (e.g., harmful effects) were, in fact, discussed. Our approach to examining the role of LRE in placement meetings was threefold. First, we examined the use of terms including both "LRE" and "mainstreaming," and the context of their use and occurance within meetings. Second, we examined the concepts of LRE and mainstreaming, relying extensively on apparent logic within the meetings and on placement decision outcomes. Third, we examined the role of the key elements of LRE, as defined by the P.L. 94-142 regulations: interaction with non-handicapped children, proximity, harmful effects, quality of services, continuum of placements, individually determined placement based on need, and severity. In addition, cases involving changes in restrictiveness of placement were investigated. Each of these analyses is discussed more extensively in the following sections.

LRE and Mainstreaming - THE TERMS

Only 14 percent (n=19) of the 134 placement meetings observed contained a reference in the discussion to "least restrictive," and only 19 percent (n=26) of the meetings contained a specific reference to "mainstreaming." In only 5 meetings were both topics mentioned. Because the criteria for recording both of these items required those exact terms to be used, these frequencies reflect only vocabulary specific references to the concepts of "LRE" or "mainstreaming", and not a general reference or use of the concepts themselves. Further, the 19 meetings in which references to "LRE" were made represent only 13 cases (6 cases had two meetings in which an LRE reference occurred).

In all but 3 of these meetings, references to LRE were very routine, pro forma statements which seemed to occur for two reasons. In two sites the placement committees utilized a preprinted form to report the results of the meeting. On this form a prephrased statement was completed and read in the meeting to the effect that the recommended placement was (or was not) the least restrictive environment placement for that child. Because of the phrasing, the field observers were obliged to record that LRE was mentioned in the observed discussion, even though the reference was a routine summary of the preprinted form and did not necessarily reflect discussion of the concept of LRE.

A second reason for a very pro forma reference to LRE may have been the presence of the observers. In one particular site this seemed an overwhelming factor, resulting in LRE being referenced in every observed meeting. This reference was made exclusively by the meeting coordinator who was also assisting with coordination and selection of cases for the study. The coordinator summarized each case at the end of the meeting saying "... then, this is the least restrictive placement for this child." In none of the placement meetings at this site was there any substantive discussion of LRE or the LRE concept.

In fact, in only 2 of the 94 cases ending in placement by the close of data collection was there any discussion of the restrictiveness of a placement and the appropriateness of the restrictiveness with respect to the educational needs of the child. In one of these cases, the child's current teacher raised the question of a more restrictive class placement in order to introduce more structure and control into the day-to-day activities of the child. In the second case where LRE specifically was discussed, the reference to restrictiveness was made when comparing the designated placement (self-contained classroom) with what was felt to be the only other option available - residential placement in an institution.

It appears that the term LRE has not been fully incorporated into the day-to-day decision-making language of school placement committees. "Mainstreaming", on the other hand, seemed to be occasionally interchanged with both the term and concept of LRE. However, as stated previously, "mainstreaming" was only referenced in 19 percent (n=26) of the meetings, representing 23 cases. In at least 10 of these meetings this reference was also thought by field staff to be a routine reference (one district even labeled one of the IEP forms "mainstreaming report"), or to be again due to observer presence. Participants in the other 16 cases tended to use the term "mainstreaming" in one of two contexts: to refer to the extent and type of contact with non-handicapped children, or to indicate a philosophy of returning the child to regular education for varying amounts of time. The implication of such a philosophy is that the child has been incorporated into special education which now claims ownership and responsibility and must devise procedures for allowing the student back into regular education. The responsibility for the decision and for follow up then belongs to special education. This differs in approach from a philosophy which leaves the child in regular education and only removes the child for the necessary specialized instruction. The severity of the handicapping condition contributes somewhat to this philosophy, since more severe cases spend the majority of time in special education and there is a natural tendency to view regular education as a very small part of the program.

These two views of mainstreaming, and the routine references both to "mainstreaming" and "LRE," suggest some possible program related implications. Special education programs now tend to operate parallel to and independent of regular education. When a student becomes eligible for special education, that child enters into a new, separate system. Funding, paper work, and staffing arrangements, for example, are different. Educating that child, then must also involve coordination and shared responsibilities between the two systems.

In summary, Technical terms such as "LRE" or "mainstreaming" tended not to be mentioned unless the item format on a form dictated this. Of the two expressions, mainstreaming seemed to be somewhat more common and more frequently used.

LRE and "Mainstreaming" - THE CONCEPTS

Although the specific terms "LRE" and "mainstreaming" were not frequently used by placement team participants there was strong evidence that both concepts were adhered to in making placement decisions. This was reflected by the fact that only 22 percent (n=21) of the cases in our sample were placed in educational settings which did not allow for opportunities to interact with non-handicapped children. Because of our case selection procedures, which focused on the most severe and complex cases, this 22 percent figure reflects exclusively either institional or special school placements, and is substantially inflated beyond what would typically be expected from a proportionate sample.

Utilization of the "least restrictive environment" principle in placing handicapped children involves the consideration of several different, but complementary, elements: use of supplementary services, quality of services, harmful effects, interaction opportunities with non-handicapped children, continuum of services, placements which are individually determined and based on need. While the term "LRE" itself was not frequently articulated, many of these elements which comprise the concept were, in fact, discussed.

Further, there was a definite feeling on behalf of the field personnel that in all sample districts the placements that were discussed were ones which best offered access to and participation in regular education activities and programs. Other placements which did not allow for such opportunities were not often considered as viable alternatives. While not always in regular class settings, placements almost always provided opportunities to interact with non-handicapped children. Sometimnes interaction was not explicitly discussed, but was an implicit aspect of the placement choice. Participants in placement meetings seemed to regard a mixture of special education and regular education settings as a given.

In sum, evidence of implicit use of the LRE concept was found in the relatively low occurance of highly restrictive placements (especially considering the disproportionate numbers of severe cases in our sample) and in the frequent selection of placement options which allowed interaction with non-handicapped peers. This latter aspect is discussed in more detail in the following section.

ELEMENTS OF "LRE": Interaction with Non-handicapped Children

There are several key elements of the "LRE" concept, among them the guiding principle of providing opportunities for handicapped children to interact with non-handicapped children. Three issues focusing on this element have been identified by this study: 1) the extent to which such opportunities are explicitly discussed in placement meetings; 2) the extent to which provision is made in the placement decision for such opportunities to actually be provided; and, 3) the extent to which such interaction and integration goals are, in fact, operationalized and implemented.

As previously suggested, the expectation that handicapped children should be placed in a setting which best allows for opportunities to interact with non-handicapped children, appears to be implicit in the placement team decision. The implicit nature of the decision is further underscored by the infrequent number of overt references or discussion of such opportunities during the placement meetings which were observed. Only 30 percent of the meetings (n=40) actually discussed the provision of opportunities to interact with non-handicapped children, while 78 percent (n=73) of the cases were actually placed in a setting with such opportunities. The lack of overt dicussion of these opportunities contrasted with the large number of placements which specifically allowed for the interaction of handicapped and non-handicapped children, reflects the implicit and assumed nature of such placement goals. Table 5.1 presents the distribution of cases for whom opportunities for interaction were discussed, compared with actual placement opportunities for interaction with non-handicapped children.

These interaction opportunities are illustrated by the general placement approach adopted by a small rural district in which four special education teachers had gradually converted their self-contained classrooms into functioning resource rooms. In these classes few children remained all day and most children spent only brief, but highly focused, periods in the special class. Similarly, a larger urban district verbalized an administrative commitment to "mainstreaming" and, although the procedures were rarely discussed in formal meetings, the district made conscious efforts to place all children in settings with non-handicapped children. The only exceptions to this philosophy were institutional placements, over which the district did not have final control.

All districts in which meetings were observed for this study subscribed to a philosophy for ensuring that the handicapped child had opportunities to interact with non-handicapped children. Although these districts did not always have written policies to that effect, and although the placement meetings did not often specifically discuss such opportunities, all districts, nevertheless, did actually provide for such placements and all districts did appear to adopt an affirmative philosphy with respect to ensuring such placement opportunities. The general approach to this principle appeared to be one of "mainstreaming" the child; that is, returning the handicapped child to regular education settings for as much as was determined to be feasible, rather than selecting the "least restrictive" placement; that is, only including the handicapped child in special education to the extent deemed appropriate.

TABLE 5.1: FREQUENCY WITH WHICH DISCUSSION OF OPPORTUNITIES TO INTERACT WITH NON-HANDICAPPED CHILDREN AND ACTUAL PLACEMENT OPPORTUNITIES OCCURRED

Discussion of opportunities to interact with non-handicapped

		Placements Interaction with NIH		
		Yes	No	Total
Discussion of Opportunities for Interaction with NIH	Yes	n=32	n=1	34.0% (n=33)
	No	n=42	n=21	66.0% (n=63)
	TOTAL	78.0% (n=74)	22.0% (n=22)	100.0% (n=96)

While the distinction may be subtle in its nature, it is critical in its substance. The distinction is critical because it illustrates that once the handicapped child is formally determined to be eligible for and included in special education, it is then the responsibility of special education, not regular education, to ensure interaction opportunities with non-handicapped children. As previously indicated, special education personnel responsible for the placement decision seem to have accepted this responsibility as an implicit element in the placement decision. The problem arises because the decisions which are made regarding opportunities to interact with non-handicapped children are made at a very broad, generic level. These decisions tend to be limited to regular class participation for some academic activities, non-academic classes, lunch, etc. These decisions tend not to be at an operational or implementation level. That is, while the placement team can make a decision providing for regular class placement for art, music, lunch and recess, there is virtually no discussion of the operational elements necessary to really ensure social integration of the handicapped child.

Even in meetings to develop Individualized Educational Plans, the implementation aspects of interaction with non-handicapped children were not discussed.

The net result of such generic decisions is that "opportunities" are made available in a very general sense, but that usually there is no real effort to facilitate the integration of the child. For example, in one medium sized urban district the team decided to place a 2nd grade handicapped child in a self-contained class housed in a building with overflow 6th grade regular education students. Generically, this placement fulfilled the opportunity for interaction with non-handicapped children. Operationally, however, the decision did not address how the two age levels could be socially or academically integrated. Further, in developing the Individualized Educational Plan for this child, no discussion was held regarding how best to ensure participation in extra-curricular activities with other (non-handicapped) children, or how to ensure inclusion during recess or lunch. What typically happens in these settings is that the handicapped child does not attend lunch with a homeroom class comprised primarily of non-handicapped children; rather, the handicapped child attends with the special education class and is only proximal to non-handicapped children - but certainly not socially integrated.

In sum, although there were relatively few written policies concerning interaction opportunities with non-handicapped children and although placement meetings rarely discussed the topic, there was nevertheless clear evidence that all of the districts in our sample adhered to the philosophy of providing such opportunities. This was reflected both in the number of generic placement decisions which actually allowed for such opportunities, and also in the general approaches and commitment to this concept. Further, it appeared that while special education staff have accepted the responsibility for such placement decisions, those decisions and program planning related to the decisions, have failed to proceed beyond the generic level. There was little evidence of operationalizing the actual implementation of such integration.

ELEMENTS OF "LRE": Proximity, Harmful Effects, Quality of Services, Continuum of Placements, and Individually Determined Placement

These other elements of the LRE concept were addressed in part through items which allowed observers to indicate whether these topics were discussed during the meeting and to rank (on a scale of 0 to 3) the extent of discussion that occurred. Table 5.2 presents the frequency with which key topics were discussed and the average rankings for the extent of discussion for those cases in which LRE and "mainstreaming" were mentioned. The table also presents the frequency and average ranking for the study sample as a whole for comparison purposes.

For the study sample as a whole, four key topics were discussed in more than half of the meetings and the average rating for the extent of discussion exceeded the arithmetic mean of 1.5. Classroom Achievement was discussed in 72 percent (n=97) of the meetings with a mean rating for extent of discussion of 2.0. For Social Behavior the frequency was 88 percent (n=118) and the rating was 2.3. Behavior at Home and Program Characteristics were discussed in 57 percent (n=77) and 68 percent (n=91) of the meetings, respectively. The extent of discussion was 1.6 for Behavior at Home and 1.7 for Program Characteristics. In contrast, Other Harm to Child and Educational Harm to Child were mentioned in only one-fourth of the meetings and the discussion on these was minimal. Similarly, Proximity and Stigma were infrequently mentioned, again with minimal discussion.

When looking at only those meetings where the terms "LRE" and "mainstreaming" were used, the figures generally approximated those for the study sample as a whole. Both Supplementary Services and Program Characteristics, however, were discussed in fewer meetings, but with greater discussion each time. This suggests that while not always relevant to the placements, when the topic was raised, it was an important discussion item. Although slight increases in the frequency of discussion of Proximity, Stigma, Educational Harm to Child, and Other Harm to Child occurred in meetings using the terms "LRE" and "mainstreaming," the numbers of cases represented are too small for any conclusions.

TABLE 5.2: DISTRIBUTION OF TOPICS DISCUSSED IN PLACEMENT MEETINGS FOR THOSE CASES IN WHICH "LRE" AND "MAINSTREAMING" WERE MENTIONED

	Supplementary Services	Classroom Achievement	Social Behavior	Behavior at Home	Program Characteristics	Attributes of Staff	Attributes of Classmates	Proximity	Stigma	Educational Harm to Others	Educational Harm to Child	Other Harm to Others	Other Harm to Child
Percent of Meetings In Which LRE Was Discussed (N=19)	23 (n=4)	92 (n=18)	100 (n=19)	54 (n=10)	46 (n=9)	31 (n=6)	38 (n=7)	23 (n=4)	23 (n=4)	-	38 (n=7)	15 (n=3)	38 (n=7)
Mean Ranking For Extent of Discussion	1.7	1.8	2.4	1.0	2.0	1.0	1.4	1.7	1.0	-	1.0	1.0	1.0
Percent of Meetings Where Mainstreaming Was Discussed (N=26)	57 (n=15)	96 (n=25)	100 (n=16)	60 (n=16)	87 (n=23)	35 (n=9)	52 (n=14)	26 (n=7)	12 (n=3)	-	26 (n=7)	-	57 (n=15)
Mean Ranking For Extent of Discussion	1.2	2.2	2.5	1.6	1.9	1.0	1.4	1.2	1.0	-	1.0	-	1.0
Percent of Total Meetings In Which LRE Was Discussed (N=134)	37 (n=49)	72 (n=97)	88 (n=118)	57 (n=77)	68 (n=91)	34 (n=46)	41 (n=55)	17 (n=23)	11 (n=15)	3 (n=4)	25 (n=34)	1 (n=1)	27 (n=36)
Mean Ranking For Extent of Discussion (All Cases)	1.4	2.0	2.3	1.6	1.7	1.1	1.3	1.2	1.1	1.0	1.1	1.0	1.3

The table also presents the same information for those cases in which "mainstreaming" was mentioned. Again, the figures are generally consistent with those figures for the study as a whole. However, where the frequency of discussion of Supplementary Services and Program Characteristics for those case in which LRE was mentioned were reduced, compared with the study sample as a whole, the frequency of occurrence is increased for those cases where "mainstreaming" was mentioned. The frequency with which Supplementary Services was mentioned was 57 percent for the latter compared with 23 percent for meetings mentioning "LRE" and 37 percent for the study as a whole. For Program Characteristics the frequency was 87 percent, compared with 46 percent for LRE cases and 68 percent for the study sample as a whole. Two other important differences are shown. The frequency of discussion concerning Other Harm to Child, while somewhat higher for "LRE" meetings (38%) compared to the study sample as a whole (27%), was substantially higher for those cases where "mainstreaming" was mentioned (57%).

For all cases, Classroom Achievement and Social Behavior were discussed at virtually every meeting and appeared to be the most discussed topics. Overall, the findings suggest that academic and social needs of the individual child comprise the largest part of a meeting and that as "mainstreaming" is discussed more specifically four other discussion topics begin to emerge: Supplementary Services, Program Characteristics, Other Harm to Child, and Proximity. The increased frequency of discussion for Supplementary Services and Program Characteristics may reflect some form of consideration of the continuum of placements available. For example, in one district the Title I teacher always participated in placement meetings in order to document the current (or past) efforts to maintain a child in supplementary services. The information was then used to either extend the supplementary services or to verify that, in fact, the supplementary services were not meeting the necessary needs of the child and a more restrictive setting was required.

A second way in which these elements of LRE were examined was by rating the extent to which they (in conjunction with other items) were factors used in determining placement. Table 5.3 presents the rank order

TABLE 5.3: FACTORS DISCUSSED IN CONSIDERING OPTIONS

Criteria	Total Times Considered	Manner of Consideration Percent of Options (N=223)[1/]			
		Argued for: Positive Factor	Argued against: Negative Factor	Considered: Neither Positive nor Negative	No argument whether Positive or Negative
Student Academic Needs	86 (n=194)	71 (n=159)	7 (n=15)	4 (n=10)	4 (n=10)
Test results	78 (n=174)	64 (n=142)	3 (n=7)	7 (n=15)	4 (n=10)
Performance in Present Placement	77 (n=173	65 (n=144)	5 (n=12)	2 (n=5)	5 (n=12)
Student's social/behavioral needs	76 (n=171)	52 (n=117)	7 (n=16)	9 (n=21)	8 (n=17)
School System Preference	74 (n=164)	61 (n=135)	5 (n=11)	4 (n=8)	4 (n=10)
Handicapping Condition	72 (n=161)	56 (n=125)	5 (n=12)	8 (n=18)	3 (n=6)
Family Preference	51 (n=115)	32 (n=71)	6 (n=14)	12 (n=27)	1 (n=3)
Program Characteristics	50 (n=112)	43 (n=97)	4 (n=8)	0 (n=1)	3 (n=6)
Restrictiveness	28 (n=66)	22 (n=50)	5 (n=12)	0 (n=1)	1 (n=3)
Classmate Attributes	27 (n=60)	21 (n=46)	2 (n=5)	3 (n=6)	1 (n=3)
Performance in Past Placements	25 (n=56)	20 (n=44)	1 (n=3)	3 (n=7)	1 (n=3)
Student's Physical Needs/ Attributes	24 (n=54)	14 (n=32)	1 (n=3)	9 (n=19)	0 (n=0)
Proximity to Student's Home	20 (n=43)	12 (n=26)	4 (n=9)	4 (n=8)	0 (n=0)
Student Preference	18 (n=41)	10 (n=23)	2 (n=4)	4 (n=10)	2 (n=4)
Family/Home Condition	15 (n=35)	10 (n=23)	4 (n=9)	1 (n=3)	0 (n=0)
Educational Harm to Child	14 (n=30)	9 (n=20)	3 (n=6)	0 (n=0)	2 (n=4)
Long Term Effects	13 (n=30)	10 (n=23)	3 (n=6)	0 (n=1)	0 (n=0)
Availability of Aids	11 (n=25)	9 (n=19)	2 (n=5)	0 (n=1)	0 (n=0)
Stigma	9 (n=20)	4 (n=10)	2 (n=4)	2 (n=4)	1 (n=2)
Non-existence of Placements in District	8 (n=19)	6 (n=13)	1 (n=2)	1 (n=2)	0 (n=0)
Cost	5 (n=12)	3 (n=6)	1 (n=2)	1 (n=3)	0 (n=1)
Recommendation from Non-district Specialist	4 (n=11)	4 (n=10)	0 (n=0)	0 (n=1)	0 (n=0)
Physical Harm to Child	4 (n=9)	4 (n=8)	0 (n=0)	0 (n=1)	0 (n=0)
Impact on Family	4 (n=9)	3 (n=6)	0 (n=2)	1 (n=1)	0 (n=0)
Educational Harm to Others	2 (n=5)	2 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
Physical Harm to Others	2 (n=5)	1 (n=3)	0 (n=1)	0 (n=0)	0 (n=1)
Non-existence of Placements Outside of District	2 (n=5)	1 (n=2)	0 (n=1)	1 (n=2)	0 (n=0)
Other	1 (n=2)	1 (n=2)	0 (n=0)	0 (n=0)	0 (n=0)

[1/] Observers recorded criteria discussed for each portion of an option as well as the option as a whole. For example, if a regular + resource placement was being considered observer recorded criteria discussed for the regular class component, the resource room component and the combination placement of regular plus resources.

of the frequency of occurence for all items used as criteria in determining placement. The Social and Behavorial Needs of the student ranked fourth overall followed by Program Characteristics, Restrictiveness, and Classmate Attributes as eighth, ninth and tenth. Proximity and Educational Harm to child were about in the middle, ranking thirteenth and sixteenth, respectively. The frequency with which these items were used in determining placement indicates that, when various options were discussed, such items as the social and behavorial needs of the child, program characteristics, restrictiveness, attributes of classmates, proximity, and educational harm to child were crucial in differentiating options.

Thus, it appears that most of the key elements of the LRE concept were generally manifested in placement meetings and that as the specific dicussion focused on "mainstreaming" per se, these topics became more and more important. This may simply reflect the artifical interchange of the terms "LRE" and "mainstreaming," and the fact that mainstreaming is the more common and better known term, thus more likely to be used in these situations. Of all the elements encompassed by the concept of LRE, the social and behavorial needs of the child were most often discussed and most often used in determining placement.

ELEMENTS OF "LRE": Restrictiveness and Severity

The selection of cases for the study emphasized those with multiple-agency involvement and greater severity. For this reason the study sample overrepresents the most severe and complex cases for which placement was determined. In fact, 13 percent of the study cases (n=12) were selected because they were severely handicapped and 8 percent (n=8) because they were classified as blind, deaf or seriously emotional disturbed - a much higher rate of disability categories than would be expected through random selection.

Field staff reported during debriefing and analysis interviews that the restrictiveness of placements was determined almost exclusively by the severity of the child's handicap. For example, Exhibit 5.1 (frequency of placements by handicapping condition) shows that the two most restrictive placements which were used, Residential School

(Institution) and Homebound, were for five seriously emotionally disturbed children, two health impaired, and one (preschool) hearing impaired child. The five seriously emotionally disturbed children who were placed in residential settings represented only one fifth of sample children labeled as seriously emotionally disturbed (n=24). Three of the five which were placed in residential settings were autistic children and the other two were adolescents engaged in life threatening activities. For example, in one district the school staff were attempting to maintain in a self-contained setting a child recently discharged from an institution. However, because of the severity of the child's behavior problems both the staff and parents agreed to placement in a State operated day school program. The school staff had no reservations concerning their ability to meet the educational needs of the child except during severe behavior episodes which they and the parents both agreed, required an environment with a greater degree of control and thus the need for a more restrictive setting. The two health impaired children were suffering long term illnesses which required extended rest and medication. The apparent restrictiveness of the hearing impaired child's placement, on the other hand, is artificial. In the absence of normal preschool programs for children in the rural area where this child lived, the homebound program designed to enhance language development and readiness skills can hardly be regarded as an inappropriately restrictive placement.

Overall, considerations of the restrictiveness of a placement appeared to be determined by the severity of the handicapping condition and deficiency in skills of the child.

Movement with Respect to restrictiveness

Although the cases in our sample more often culminated in no movement with respect to restrictiveness, changes in the restrictiveness of the placement of children were observed with enough frequency to justify special examination. Of the 96 cases in the sample, 23 involved placement changes with respect to restrictiveness. Where there was movement, the cases in our sample were more likely to move toward less restrictive options. Of those 23 cases involving movement, 14 resulted in change toward a less restrictive option while only 9 cases ended with placement in a more restrictive environment. Another 33 cases resulted in no change in the restrictiveness of the placement; the child remained in his/her class or changed classes/buildings, but the restrictiveness of the placement remained the same (e.g., from Teacher A's self-contained class to Teacher B's self-contained class). The remaining 38 cases had no previous placement in special education.

Movement or lack of movement was examined with regard to the following variables: type of case, type of student (handicapping condition, age, grade, ethnicity), number of options considered, initial and final placement, and parent attendance. In general, there seemed to be no common element which might typify a particular direction of movement, and each case seemed to be individually determined. Because of the small number of cases, drawing conclusions from these findings is difficult.

Type of Case. Four major of case types were included in the study: initial referrals, scheduled reevaluations, annual reviews, and reevaluations for change in placement. Because initial referrals (N=38) had no prior placement in special education, they were eliminated from our analyses in this section. As might be expected, reevaluations for change in placement most often resulted in movement with respect to the restrictiveness of the final placement. All 9 cases that resulted in more restrictive placement were reevaluations for change in placement. Ten of the 14 cases ending in less restrictive placement were also this type of case. Thus, the majority of cases that culminated in movement were ones where there was a special request for placement change. This finding seems to indicate that requests for changes in placement were made somewhat conservatively or with a high degree of accuracy. That is, requests for placement change seemed to be made when there was a clear indication that the change would, in fact, occur. The 9 cases resulting in more restrictive placements, all of which were requested changes, might suggest that teachers were attempting to keep children in less restrictive environments whenever possible. Only when the child was clearly unable to benefit from the less restrictive setting was a request for change made.

Not all reevaluations for change in placement resulted in movement, however. Of the 96 cases in the total sample, 33 were requested reevaluations. Of this number, 19 resulted in movement, 2 had not arrived at a placement decision by the conclusion of data collection, and the remaining 12 did not result in changes in restrictiveness (although 7 of these 12 cases did involve a building change and 1 involved a class change).

Scheduled reevaluations comprised a smaller proportion of the sample, but contained a much greater incidence of unchanged placements. Our sample contained 21 scheduled reevaluations, but only 3 of these types of cases resulted in a change in the restrictiveness of the placement, all of which were moved to less restrictive environments. Similarly, annual reviews were observed in 4 instances; no change resulted in 3 of these reviews and movement to a less restrictive environment occurred in 1 review case. Thus, the more routine types of cases resulted in few restrictiveness changes, but in those infrequent instances where there was movement it was toward a less restrictive environment.

As would be expected, cases which began as requested placement changes most often resulted in a change in restrictiveness. The more routine types of cases - such as scheduled reevaluations and annual reviews - did not tend to result in restrictiveness changes. Movement to a more restrictive environment was associated with cases for requested placement change, but less restrictive placements also did occur with this type of case.

Type of Student. Four kinds of handicapping conditions were represented by the cases where movement to a more or less restrictive environment occured: serious emotional disturbance, mental retardation, orthopedic impairments, and visual impairments. No clear trends emerged with regard to these handicapping conditions and their movement to either more or less restrictive placements.

Perhaps the most interesting finding with regard to handicapping condition applies to children with learning disabilities. Although this type of condition comprised the single largest proportion of handicapping conditions in our total sample (29% or 28 out of 96 cases), no cases involving learning disabilities resulted in movement to either a more or less restrictive placement. Further examination of the sample data indicated that most learning disabled students were initial referrals and thus were not included in this analysis. This high number of initial referrals of learning disabled students may be caused by several factors. Since our data collection took place late in the school year, these students may have had such subtle impairments that they were not detected until this time. There may also be a growing awareness and assessment sophistication concerning this handicapping condition, resulting in greater numbers being identified. Also, this handicap category may be regarded as a less serious disability compared with others and thus the referral was delayed or given a low priority.

The age and grade levels of students experiencing changes in restrictiveness revealed no common pattern, primarily because the sample was too small to allow conclusions to be drawn. Ethnicity was another case variable examined in light of restrictiveness changes. In the sample as a whole, 25 cases (26%) were identified as belonging to ethnic minorities: 16 Black students, 7 Hispanics, and 2 cases classified as other minority. Of these 25 minority cases, however, only 6 resulted in a change in restrictiveness; 40 to a more restrictive environment and 2 to a less restrictive one. Because of this small sample size, further analyses were not warrented.

Options Considered. The number of different options which were considered when determining placement was also investigated as a possible factor affecting the movement, or lack thereof, with respect to restrictiveness. In our sample we observed few cases in which more than one option was ever raised and fewer still where alternative options were seriously considered. Out of a total of 96 cases, 29 raised more than one option in discussing placement and only 13 of these gave serious consideration to more than one option. Slightly more than half of the cases that resulted in changes in restrictiveness in either direction, were also cases that discussed a variety of options. Again, however, the numbers of cases were so small that great caution must be exercised in interpreting the data.

Out of 29 cases where more than one option was considered, 5 resulted in movement to a more restrictive environment, 8 to a less restrictive one, 6 had no change in restrictiveness, 1 had no final placement, and for the remaining 9, movement was not applicable because there had been no prior placement in special education. When only those cases which seriously considered more than one option were examined, an unusually high proportion of these ended in a more restrictive placement when compared with the cases in which more than one placement option was considered, but not seriously. This may indicate that where a more restrictive placement was decided upon, serious consideration was, in fact, given to other possibilities before making that decision. This appears to be less so for less restrictive placements, only 2 of which were cases where more than one option was seriously considered.

The restrictiveness of the alternatives with respect to the final placement was also examined. Of those 29 cases considering more than one option, 14 were placed in the more restrictive alternative and 10 in the less restrictive alternative. The remaining 5 cases either did not arrive at a placement decision or considered different classes/schools at the same point on the continuum.

Thus, in cases where a child was moved to a more restrictive placement, more serious consideration to alternative options seemed to be given. This might indicate that those making the placement decision recognized the possible consequences of more restrictive placement and thus only opted for this alternative after weighing other options carefully.

Placement Settings. The current placement as compared to the final placement was examined for any patterns regarding movement and placement settings. Most of the cases resulting in movement were initially placed in the following three options: regular class and resource room; regular class and self- contained class; or a self-contained class on a regular school campus. The final placements for cases showing movement represented a wide variety of options along the continuum, from 3 cases placed in regular classrooms to 4 cases placed in public residential schools. The remaining cases which resulted in restrictiveness changes were fairly evenly spread among the options between these two placements.

Movement from the three main options which students were currently in was fairly well balanced between more and less restrictive changes. Furthermore, there seemed to be a tendency toward moving students out of the placement options at the most restrictive end of the continuum (hospital, homebound, private residential school). Again, however caution must be exercised in interpreting these results. Not only was the number of cases showing movement small, but the incidence of placement at the more restrictive end of the continuum can be expected to be low also. Furthermore, cases with placements at the more restrictive end of the continuum may have occurred but not been observed by our interviewers due to a sampling bias in case selection. Parents might not have been as likely to give their permission or districts may have preferred that we did not attend certain meetings which were apt to end in placements at the more restrictive end of the continuum.

In summary, there appears to be some indication that cases at the most restrictive end of the continuum were being moved into more integrated settings. Full placement in the regular classroom was also observed for several of the mildly involved students in our sample.

Parent Attendance. The results of the legal analysis activity of this project indicated that, of those cases that came to a hearing, parents generally advocated a more restrictive placement. To the extent that this held true for cases culminating in an agreed upon placement, a higher level of parent involvement in cases moved to a more restrictive setting should be found. To some degree, in fact, our results supported this finding. In those cases where movement occured (either to a more or less restrictive setting) parents were present more than two-thirds of the time. However, when the movement involved a more restrictive setting, parents were present more than three-fourths of the time (78%: n=7).

Given our general finding that parents were rarely active decision-makers, however, the effect of parent attendance on the outcome of placement meetings is questionable. In fact, parents may have been somewhat more involved in the more restrictive case meetings, simply because movement in this direction indicated more serious problems which the schools felt the parents should be apprised of. That is, the school system rather than the parent may be the impetus behind movement to a more restrictive setting.

In summary, parent attendance was more evident in cases involving movement to more restrictive settings. The reasons behind this, however are unclear.

Ancillary Activities

None of the districts sampled in this study designed, implemented or participated in training activities specific to the LRE provision of P.L. 94-142. Although most school personnel mentioned workshops on training sessions when elements of the LRE concept were briefly discussed, there were no reported instances of training and technical assistance activities occurring specific to LRE.

Similarly, there was no evidence that local professional associations or advocacy groups were sensitive to or interested in the LRE provision. In fact, in the only case which was observed in which a parent advocate (from the legal aid society) participated, the major area of discussion was the inappropriateness of services in a less restrictive environment. The placement outcome, which was supported by the parent and advocate, was a more restrictive, State operated day school. The discussion at the meeting emphasized only the potential harmful effect on the quality of services implied by the less restrictive setting.

Although nine districts reported that the State monitored implementation of the LRE provision, this monitoring, in all instances, turned out to be a review only of policies and assurances. There was no indication that technical assistance or enforcement activities were in any way related to an assessment of the extent to which LRE was actually implemented. In fact, given the confusion and interchanging of the terms "LRE" and "mainstreaming" placements which only allow for opportunities to interact with non-handicapped children may well be regarded as full implementation of LRE.

Constraints

Two major types of constraints to full implementation of the LRE concept were apparent: to the lack of a full range of suitable placements (which would facilitate greater awareness of alternatives on the part of school personnel for selecting among alternative placements); and a general lack of understanding concerning the concept of LRE.

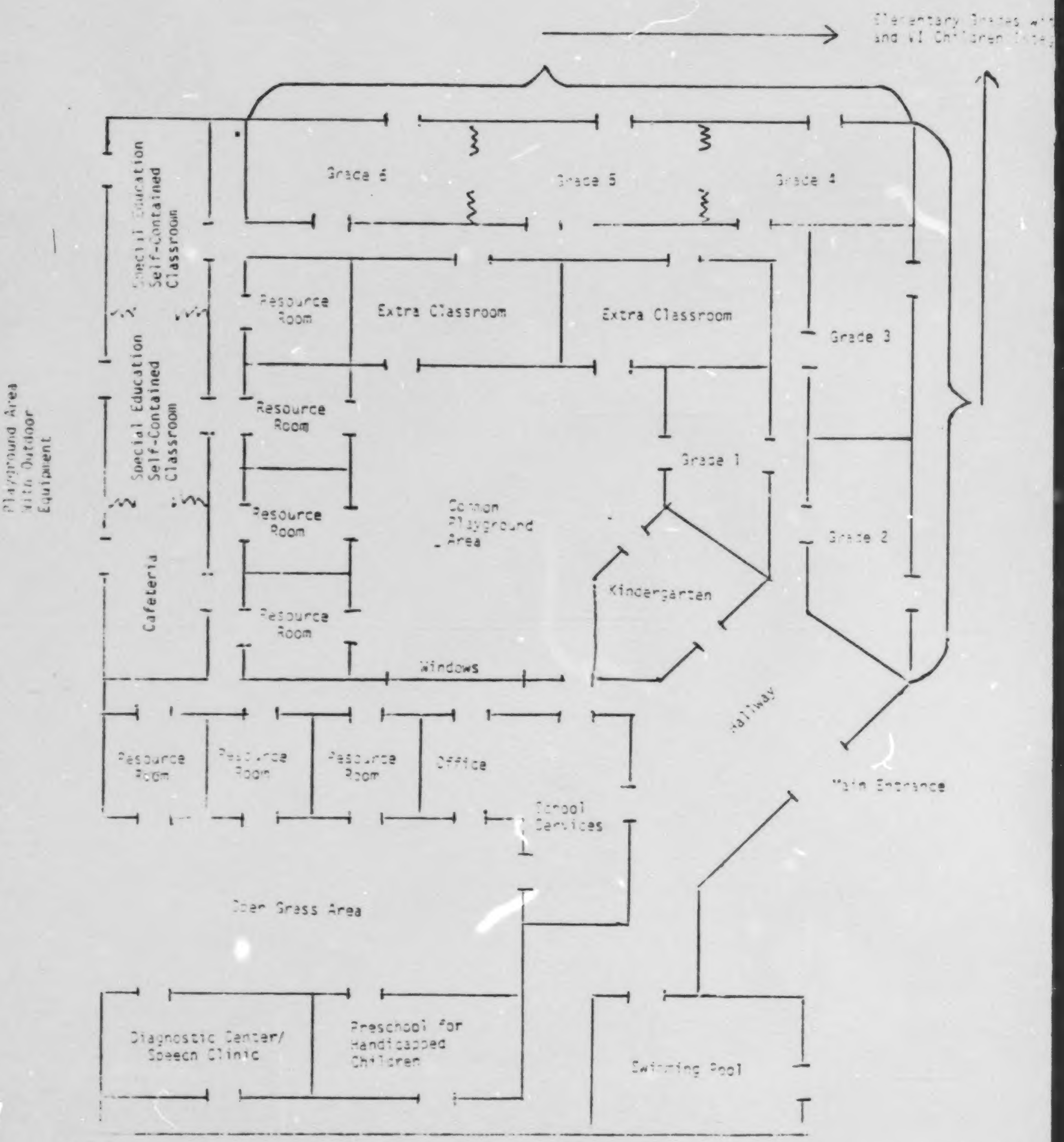
There were a variety of factors which affected the availability of a full continuum of service options including the impact of fiscal policy at both the State and local levels, organization of administrative structures within the district (for example, housing school psychologists within special education, rather than as an adjunct to general education), geographical location of alternative service options (requiring undue transportation of handicapped children), types of special education specialists which have been employed, and other, related factors.

Despite such instances of operational infeasibility there were excellent examples of efforts to maintain children in as "normal" and non-restrictive an environment as possible. There was a clear commitment on the part of every district in the study sample to a type of "mainstreaming" which took the form of placing the handicapped child in close proximity to non-handicapped children. Where such a placement was not possible, children were often placed with less severly handicapped children (upstreaming). The degree of success and sophistication, of course, varied considerably, but there was no question as to the sense of commitment each district felt and showed in following through with such a philosophy. For example, in two districts, unusual organizational approaches to serving severely handicapped children were observed which tended to mitigate against these noted constraints. In both of these districts the architectural design of the school building specifically accommodated class arrangements for the handicapped; educational programs for both the handicapped (severely so in some cases) and non-handicapped child had been operating side by side for more than five years. This produced a staff, student body, and parent support groups with a remarkably open and inclusive attitude toward the handicapped child.

Exhibit 5.1 shows the design of one such school building in one district. While the handicapped children have a designated section of the building for instructional and grouping purposes, the very open "pods" or instructional areas, common play and lunch areas, and the high traffic exchange in the lobby area of the school enhanced remarkably the mixture of students and opportunities for social integration. In fact, this particular building contained severely impaired children from a mobility aspect; the wide open physical spaces and lack of doors or tight, enclosed entryways, greatly enabled these children to move freely and easily with crutches, wheelchairs, and other mobility assistance devices. In this setting, there was a great deal of extra-curricular and social integration of the children - the pool serving as one key focal point for this. In fact, one of the most severely physically impaired children in the school was able to participate in a National Spelling Bee competition representing this district and the state region. Such real opportunities for interaction and exchange may well belie the need to more precisely define implementation requirements for LRE at the operational level in other districts. However, the concept of LRE is so deeply entangled with the popular concept of "mainstreaming" that a specific and directed effort is necessary to delineate the two concepts and to focus on implementation of operational elements of LRE specifically.

Summary. Although the concept of LRE did not appear to be well defined and was often confused with "mainstreaming," the major elements which comprise the LRE provision in P.L. 94-142 were usually considered (discussed) during formal placement meetings. Two primary problems with full implementation of LRE appear to be the availability of a full continuum of service options, and operationalizing implementation of LRE beyond a generic level.

EXHIBIT 5.1: AN ELEMENTARY SCHOOL ARCHITECTURAL DESIGN WHICH ACCOMMODATES PROGRAMS FOR HANDICAPPED AND NONHANDICAPPED CHILDREN


Elementary Grades wi
and VI Children Inte
Grade 6
Grade 5
Grade 4
Special Education
Self-Contained
Classroom
Resource Room
Extra Classroom
Extra Classroom
Grade 3
Playground Area
With Outdoor
Equipment
Special Education
Self-Contained
Classroom
Resource Room
Grade 1
Resource Room
Common
Playground
Area
Grade 2
Cafeteria
Kindergarten
Resource Room
Windows
Hallway
Resource Room
Resource Room
Resource Room
Office
Main Entrance
School
Services
Open Grass Area
Diagnostic Center/
Speech Clinic
Preschool for
Handicapped
Children
Swimming Pool

SUMMARY

In conclusion, the following highlight the major findings regarding the role of LRE in placement determination and movement with respect to restrictiveness:

- LRE as a concept was not well understood, and was generally conceived of as "mainstreaming".
- Although the specific terms, LRE and "mainstreaming," were infrequently used, the key elements of the general concepts seemed to be frequently employed in placement decisions.
- There was no evidence of training and technical assistance focused on LRE and written policies available for review tended to be simply extracts of the Federal regulations or state law.
- Excluding initial referrals, the cases in our sample tended not to result in placement changes which would alter the restrictiveness of the setting. Where there was a change, there was a tendency to move children to less rather than more restrictive options.
- Nearly all cases which resulted in restrictiveness movement were requested reevaluations for change in placement.
- Scheduled reevaluations and annual reviews rarely resulted in changes in placement restrictiveness. In the few cases where movement did occur, it was always to a less restrictive option.
- Cases resulting in movement to a more restrictive environment frequently gave serious consideration to more than one option in determining placement.
- Parents were slightly more likely to participate in cases which resulted in more restrictive placement.

END NOTES

1 Ballard, J. and Zettle, J. Public Law 94-142 and Section 504: What they say about rights and protections. Exceptional children, 1977, 44(3), 177-184.

2 Developing criteria for the evaluation of the least restrictive environment provision. USOE, BEH, DID, State Program Studies Branch, 1978.

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INDIVIDUALIZED EDUCATIONAL PLAN

Background

Although the process by which the Individualized Educational Plan is developed was not one of the focal issues of the study, the Individualized Educational Plan is inextricably interwined with placement decision-making and so the observation of the placement process yielded several interesting findings about how Individualized Educational Plans are being developed. One queston addressed by the data was simply that of the length of time between the writing of the Individualized Educational Plan and deciding the handicapped child's placement (or vice versa). Some interpretations of the "Individualized Educational Plan process" incorporate the initial referral, the (diagnostic) educational-need determination of the teacher, and the multidisciplinary activities of a general assessment approach as broad aspects of developing educational programming goals and objectives. The general definition of the Individualized Educational Plan as utilized in this study, however, views the process as more delimited. Traditionally, the Individualized Educational Plan is thought of as being directly related to the placement decision - both in sequence and in time. As discussed later in this chapter, the Individualized Educational Plan is essentially seen as the process and product of efforts to define short-term instructional objectives - which are generally developed by the *teacher*, not assessment personnel. Although the law appears somewhat ambiguous as to which should occur first (defining the educational needs and then trying to match those with an appropriate placement or vice versa), the findings for this study sample are quite definite with regard to the actual sequence in practice.

This chapter summarizes the relationship between the placement decision and the development of the Individualized Educational Plan as it was observed. It also contains a discussion of the development of the Individualized Educational Plan as it was observed. Additionally, it contains a discussion of the development of the Individualized Educational Plan (who is involved, sequence, level of detail, and length of time required) and topics covered during the Individualized Educational Plan and placement meetings. Generally, although the regulations relating to Individualized Educational Plan development are considerably more detailed than those relating to placement itself, thus restricting the range of acceptable Individualized Educational Plan practices a district can adopt, our placement observations showed variety to be flourishing. This resulted in some "interpretive-bending" of the letter of the law, although the field staff unananimously felt the spirit of the law was upheld.

As defined in P.L. 94-142, an individualized education program is a "written statement for each handicapped child developed by a representative of the local educational agency . . ., the teacher, the parents, or guardian of such a child, and whenever appropriate, such child. . . ." It is important to note that the participants in the Individualized Educational Plan process are indicated. The regulations are very clear in requiring that a meeting be held to develop an Individualized Educational Plan and that particular persons be in attendance.

Precise components of the written statement (which is the outcome of the meeting) are also delineated in the law. The Individualized Educational Plan must contain:

- a statement of present levels of educational performance;
- a statement of annual goals, including short-term instructional objectives;

- a statement of specific educational services to be provided;
- extent to which child will be able to participate in regular educational programs;
- projected data for initiation of services;
- expected duration of services; and,
- objective criteria, evaluation procedures and schedules for determining annually whether objectives are being achieved.

The fourth component in this listing relates directly to LRE in that the extent of the student's participation in regular education must be indicated on the Individualized Educational Plan. Ideally, this item could serve to remind planning teams of the importance of the LRE mandate for each student's educational program.

Standard Operating Procedures Related to Individualized Educational Plan Development

The Individualized Educational Plan-placement relationship is addressed indirectly in several places in the regulations. The main thrust is that the Individualized Educational Plan should be developed prior to a placement decision. Each handicapped student's placement is to be "based on his or her individualized educational program" (see Section 121a. 552(a)(1)). If the decision is to be based on the program, then an educational program must be drawn up before a decision can be reached. Furthermore, alternative placements must be "available to the extent necessary to implement the individualized education program for each handicapped child" (see Section 121a. 552(b)). Again, the implication is that the Individualized Educational Plan precedes the placement decision. On the other hand, as discussed above, the Individualized Educational Plan must include an indication of the amount of time the student is to be in regular classes, implying that placement is known before the Individualized Educational Plan is completed.

Other regulations relate to the time allowed for Individualized Educational Plan development and its renewal. An Individualized Educational Plan must be on file within 30 days of the determination of special need. At the beginning of the school year, Individualized

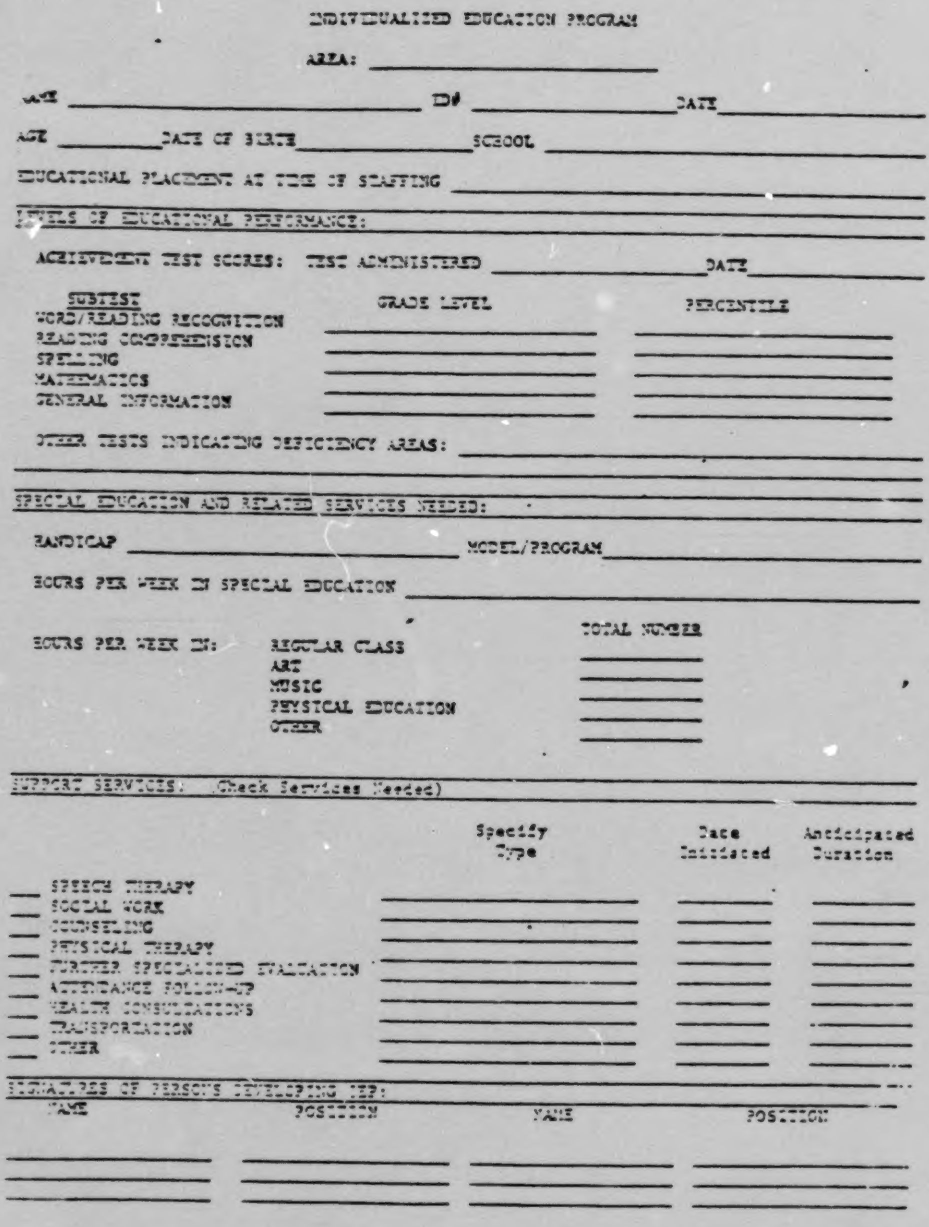
Educational Plans are to be developed by October 1. A meeting must be held at least once a year to review each student's Individualized Educational Plan. Some of the meetings observed, as part of this study, were Individualized Educational Plan review meetings.

The state laws and regulations for the five states in the study are in many respects similar, and often identical to federal requirements related to the Individualized Educational Plan. The states did occasionally go beyond the federal regulations with additional or more specific requirements for Individualized Educational Plan development. Due to the great variability in procedures, it is difficult to compare one district to another. For some districts, written administrative guidelines were nonexistent; for others, they existed but were so vague that a multitude of procedures would fall easily within their bounds. However, one element of consistency from district to district was present: a standard form on which district staff recorded the Individualized Educational Plan. Three sample Individualized Educational Plan forms are shown in Exhibit 6.1. Each example is from a different school district in different states, and as a result they vary considerably in complexity and level of detail required. They also differ in such detail as space identified for the parents' signature, delineation of services to be provided, and listing of projected review date. All three have a space for indicating the amount of time in regular education (which is required by law).

IEPs and the Determination of Placement

One of the strongest findings to emerge from the observations of initial placement and reevaluation meetings was that the Individualized Educational Plan was always developed after the placement decision was made. Not once in all of the cases observed was the order transposed. "After" was not an equal time interval from case to case. In some cases, the Individualized Educational Plan was developed at the same meeting where the placement decision was made. In other cases, a placement decision was made, the child was placed and, after the new teacher got to know the child, the teacher developed an Individualized Educational

EXHIBIT 6.1: SAMPLE Individualized Educational Plan FORMS



INDIVIDUALIZED EDUCATION PROGRAM

AREA: ______________________

NAME ______________________ ID# ______________ DATE ______________

AGE ________ DATE OF BIRTH ______________ SCHOOL ______________

EDUCATIONAL PLACEMENT AT TIME OF STAFFING ______________________

LEVELS OF EDUCATIONAL PERFORMANCE:

ACHIEVEMENT TEST SCORES: TEST ADMINISTERED ______________ DATE ______________

SUBTEST	GRADE LEVEL	PERCENTILE
WORD/READING RECOGNITION		
READING COMPREHENSION		
SPELLING		
MATHEMATICS		
GENERAL INFORMATION		

OTHER TESTS INDICATING DEFICIENCY AREAS: ______________________

SPECIAL EDUCATION AND RELATED SERVICES NEEDED:

HANDICAP ______________________ MODEL/PROGRAM ______________________

HOURS PER WEEK IN SPECIAL EDUCATION ______________________

HOURS PER WEEK IN:		TOTAL NUMBER
	REGULAR CLASS	
	ART	
	MUSIC	
	PHYSICAL EDUCATION	
	OTHER	

SUPPORT SERVICES: (Check Services Needed)

	Specify Type	Date Initiated	Anticipated Duration
___ SPEECH THERAPY			
___ SOCIAL WORK			
___ COUNSELING			
___ PHYSICAL THERAPY			
___ FURTHER SPECIALIZED EVALUATION			
___ ATTENDANCE FOLLOW-UP			
___ HEALTH CONSULTATIONS			
___ TRANSPORTATION			
___ OTHER			

SIGNATURES OF PERSONS DEVELOPING IEP:

NAME	POSITION	NAME	POSITION

INDIVIDUAL EDUCATION PLAN

Child's Name ____ Age ____ Birth Date ___/___/___ Program Location: ____ Grade Level: ____

Parents/Guardians ____ Address: ____

Telephone: ____ Date Prepared ___/___/___ Initial Placement ____ Annual Review: ____ Other (Specify): ____

Present Levels of Performance: ____

Learning Strengths/Modalities: ____

Learning Weaknesses/Modalities: ____

Child Study Team Placement Recommendations:

Primary Exceptionality(ies): ____ Secondary Exceptionality(ies): ____

Recommended Placement: ____

Total Percent of Time: Regular Program ____ Special Program ____ Hours Per Week of Special Education ____

Specific Educational and Related Services: ____

Annual Goals: ____

Participants in Meeting:

Representative of District ____

Child's Teacher(s) ____

Child's Parent(s) ____

Member of Evaluation Team ____

Others (Identify) ____

Recommended Review Date: ____

Parent/Guardian: ____
Signature Date

Person Preparing Plan: ____
Signature

Prepresentative of Resident District: ____
Signature

EXHIBIT 6.1: (Continued)

INDIVIDUAL EDUCATION PLAN

(Continuation Sheet)

Child's Name ______________________ Age _____ Program Location ______________________ Date of IEP __________

Person(s) Responsible ______________________

Specific Objectives	Strategies/Techniques/Materials	Criteria and Evaluation Procedures	Dates				Comments
			Estimated		Actual		
			Begin	End	Begin	End	

EXHIBIT 6.1: (Continued)

White-Special Ed Teacher
Canary - Special Ed Teacher
Pink - Central Office
Goldenrod - Parent

SPECIAL EDUCATION
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT ____________ BIRTHDATE ________ GRADE ____ SCHOOL ____________ SCHOOL YEAR ________

I. *SUMMARY OF PRESENT LEVEL(S) OF PERFORMANCE	II. ANNUAL GOALS
A. Scholastic: May include, but not be limited to, academic skills (reading, mathematics, spelling, etc.), intellectual ability, language/communication development and self-help skills.	

* Every area must be addressed for each student.

EXHIBIT 6.1: (Continued)

INDIVIDUALIZED EDUCATION PROGRAM (Continued) STUDENT ______________________________

I. *SUMMARY OF PRESENT LEVEL(S) OF PERFORMANCE	II. ANNUAL GOALS
B. Physical: May include, but not be limited to, the general health status of the child, vision and hearing, musculo-skeletal, neurological and developmental areas. C. Adjustment: May include, but not be limited to, a description of the student's emotional excesses and deficits as they affect the student's behavior in personal, social, academic and potential occupational environments.	

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* Every area must be addressed for each student.

EXHIBIT 6.1: (Continued)

INDIVIDUALIZED EDUCATION PROGRAM (Continued)

STUDENT ____________________ ______

I. *SUMMARY OF PRESENT LEVEL(S) OF PERFORMANCE

Continuation of ______________________

D. Other: May include any other areas relevant to the student's special educational needs.

II. ANNUAL GOALS

* Every area must be addressed for each student.

STUDENT ______________ SCHOOL YEAR __________ PROJECTED REVIEW DATE ______________

IV. CLASS PLACEMENT AND RELATED SERVICE(S)

	Projected Length of Service Begin/End
A. Least Restrictive Environment 1. Self contained 2. Resource Room (> 120 mins./day) _____ 3. Resource Room (≤ 120 mins./day) _____ 4. Regular classroom with related services _____	
B. Related Services ______ ______ ______	

C. Specialized physical education necessary _____

Description:

V. EXTENT TO WHICH STUDENT WILL PARTICIPATE IN REGULAR EDUCATION PROGRAM:

VI. COMMENTS:

VII. IEP COMMITTEE MEMBERS	Position
______	______
______	______
______	______
______	______

Date of Conference ______________

I have had the opportunity to participate in the development of this individualized education program and have had my rights and responsibilities explained to me in a manner which I fully understand. I understand the reasons for the special education placement/services and give my permission for my child to participate in these programs/services.

I have had an opportunity to submit objectives for my child and have been informed that the staff responsible for implementing the objectives will add and/or revise the objectives so that they reflect my child's progress toward the goals. I understand that my child may not attain mastery in all of the objectives as stated, but that any significant changes in objectives or program scheduling would require my informed consent.

______________________________ __________

Signature of Parent/Legal Guardian/Student Date

Plan. In still other cases, a placement for the fall was being decided and there was no intention of developing an Individualized Educational Plan for these children until the following September.[1] In certain annual reviews the sequence of the decision-making was slightly different. In some of these review cases the Individualized Educational Plan was used as the document on which placement deliberations were based. The Individualized Educational Plan was then revised to meet the student's needs and next year's programming decisions were incorporated on the revised documents. Generally, the timing of Individualized Educational Plan development seemed to be a matter of district policy. For example, if one case in the district had a separate Individualized Educational Plan meeting, all cases in that district followed suit. The number of meetings also seemed to depend somewhat on whether the case was an initial referral or one which was new to the district. The less familiar the student was to the special education staff, the more difficult it was to develop an Individualized Educational Plan. More time with the student might be required. One of the factors which affected data collection for the study was development of the Individualized Educational Plan after placement, resulting in the Individualized Educational Plan meeting being observed for less than half of the study's cases. Among the reasons for this were that the Individualized Educational Plan meeting conflicted with a placement meeting on another case, the meeting was held after data collection ended, or the meeting was scheduled for September.

The sequence of events which dictates that placement is followed by Individualized Educational Plan, is one which districts appeared to have independently arrived at as a sound procedure, and one which raises several questions. One overriding issue is why this sequential arrangement is favored over others. Another is whether the intent of the law is being upheld with this arrangement.

The purpose of requiring that the child's special education placement be based on an Individualized Educational Plan is to insure that the child's needs are considered in the placement process. However, in reaching a placement decision, the placement team tends to consider the child's needs globally rather than in a precise, written fashion (such as is recommended by Individualized Educational Plan procedures). Furthermore, placement-related needs are also not always programming needs. A child may need help with addition and subtraction, but this does not point to any particular placement. "Needs more attention"; "needs a smaller class"; "needs to be around children of her ability level" are needs that narrow the range of what is an appropriate educational setting for this child. They are the kinds of needs considered in reaching a placement decision and they are often the underlying rationale for the decision. Interestingly enough, these kinds of needs do not often occur on Individualized Educational Plans because they have already been met by placing the child in an appropriate setting.

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[1] This was due primarily to the March-to-May timing of the observations.

It can be hypothesized that the Individualized Educational Plan was developed after placement because the LEAs in the study appear to have implicitly recognized that handicapped children have at least two kinds of needs: placement-related needs (class size, classmate attributes, etc.) and program-related needs (specific goals and objectives). The first order of business was to select an environment which satisfies as many of the placement-related needs as possible. The next was to determine, at a much more precise programmatic level, what the teacher and the student should establish as goals and objectives in that environment.

The variation among districts in the time lapse between steps was related to other variations in practice. Logically, the receiving teacher cannot be involved with the development of the Individualized Educational Plan until the child's placement is decided (until placement, the receiving teacher is technically unknown). Therefore, to have the receiving teacher involved, a two-meeting sequence can be used or the placement can be decided informally prior to the meeting, and the teacher invited. A situation which facilitates one meeting for both placement and Individualized Educational Plan is the review meeting for a student already receiving special education services and for whom little or no change is contemplated. The teacher in this case is totally familiar with the student and can easily direct development of the Individualized Educational Plan.

An example where the Individualized Educational Plan was developed at the same meeting as the placement decision was the case of a young student who had spent the year in a self-contained classroom. The purpose of the meeting, which was attended by the child's teacher, speech therapist, and principal, was to review the child's placement for next year. They jointly agreed that the child had made good progress and could be placed with non-handicapped children for all non-academic subjects the following year. The team then proceeded to develop the long- and short-term goals which were to serve as the Individualized Educational Plan for the next year. The meeting reflected a high degree of team effort as well as a commitment to least restrictive placement. The Individualized Educational Plan, however, was drawn up without a parent present. (Individualized Educational Plans in that State were generally explained to parents at a separately scheduled conference.)

An example of a two-meeting sequence where the Individualized Educational Plan is developed at the second meeting was illustrated by the case of the handicapped preschooler who had previously been enrolled in another program and whose family had just moved to the district. The mother and the child met with the district staff member in charge of programs for the developmentally delayed. Together, the mother and staff member selected a classroom. The child was enrolled and began attending. About three weeks later the new teacher and the speech therapist (who was in attendance as the district representative) met with the mother for 1 1/2 hours and developed a list of annual goals and short-range objectives.

Another issue related to Individualized Educational Plan development is precisely what constitutes an Individualized Educational Plan. While the components of the Individualized Educational Plan are clearly listed in the law, these are not always developed by the same people at the same meeting. A psychologist might supply the present level of functioning; the team chairperson, annual goals; and the student's teacher may add short-term instructional objectives. These components may not even be on the same piece of paper; they may just be somewhere in the file. When this occurs, it is impossible to pinpoint exactly where or when the Individualized Educational Plan is developed.

One accepted usage of the term "Individualized Educational Plan" (and the way it is used here) emphasizes the short-term instructional objectives as its essence. Informal discussions with district staff suggested that they too perceived the Individualized Educational Plan this way; however, on paper and in official labelling practices the Individualized Educational Plan term took on many different usages. Many meetings were formally labelled as Individualized Educational Plan meetings, yet they were primarily concerned with placement issues. In one of the districts, various parts of the meeting were identified as being required by state law or by federal law. The part of the meeting required by "federal law" was called the Individualized Educational Plan meeting. It went up to, but did not include, instructional objectives. In another district, the entire packet of paper generated through the referral and placement process was called the Individualized Educational Plan. Labels did not help much, however, because one district's "Individualized Educational Plan meeting" was another's "staffing". The fact that a meeting was called an "Individualized Educational Plan meeting" did not necessarily mean all the components of the Individualized Educational Plan would be forthcoming. Overall, 16 of the 134 (12%) meetings observed were called "Individualized Educational Plan meetings." Twelve of the 16 came from two States.

One possible reason why the districts have extended the use of the term Individualized Educational Plan is because there is some confusion over just what the law requires with regard to the components and the time requirements for the Individualized Educational Plan. Some districts, for instance, seemed somewhat unsure about the timing of Individualized Educational Plan development. The easiest solution then was to cover all bases and include everything under the Individualized Educational Plan umbrella.

Development of the IEP. The actual development of the Individualized Educational Plan appeared to take place in one of several ways. Observers reported cases where the completed Individualized Educational Plan was brought to the meeting for discussion and signatures. An alternative procedure was to bring a draft form and copy it onto the official form during the meeting. The draft could consist of jotted notes or a detailed program of instructional goals and objectives. In some cases, the more general components of the Individualized Educational Plan were worked out during the course of the meeting. The involvement of more than one professional also was associated with variation in procedures. For some students, one Individualized Educational Plan incorporating goals and objectives from all the relevant professionals was developed. For others, separate documents were developed for each teacher or therapist working with the child. In the case of a first grader who was being recommended for a self-contained placement in the fall with occupational and physical therapy, both therapists developed separate Individualized Educational Plans. The therapists were to begin serving the boy in the spring while he was still in the regular class, so they met with the regular teacher to present each of their Individualized Educational Plans for the child, and to point out how she could work with the child in the classroom. This meeting was held before the parent was called in, and the parent was certainly not involved in the development process. On the positive side, the procedures showed extensive multidisciplinary teaming, and much communication and exchange of information among staff members. Although separate Individualized Educational Plans had been developed, each professional working with the child was familiar with the goals of the others.

When parents were involved, a typical Individualized Educational Plan meeting structure consisted of a teacher, a parent, and a third member. The teacher tended to direct the meeting. It was the rare parent who played an active role in drawing up of an instructional program for his/her child. The third member's contribution varied from extensive to minimal. If the child was known or if the individual would, in fact, be working with the child, the third member could be as important as the teacher to the process of developing the Individualized Educational Plan. If the third person was there solely to meet the requirement of the law, his/her input tended to be slight or nonexistent.

An example involving some of the elements described above was the case of the young mentally retarded boy who had recently come to the district and was being moved from a regular class to a self-contained class. In a previous meeting the placement decision had been made and long-range goals were recorded. The boy was subsequently placed in the self-contained class. After a few weeks, the new teacher (who was not in attendance at the previous placement meeting) called a meeting to discuss the Individualized Educational Plan with the boy's mother. The third participant in this Individualized Educational Plan meeting was to have been the social worker, but the mother was late and the social worker had to leave. She was replaced by another self-contained teacher who served as a scribe during the meeting. The meeting was totally directed by the child's teacher. The mother said little even though she was asked to comment. The other teacher who did not know the child also contributed little. The child's new teacher discussed the Individualized Educational Plan which had been developed by her. This included a completely new set of annual goals since this teacher had not even seen the ones drawn up at the placement meeting.

With regard to the letter and the spirit of the law, it should be obvious that deviations from the Individualized Educational Plan requirements were quite common. Individualized Educational Plans were usually not developed in meetings; they were often developed prior to a meeting by a single individual and presented later. Given the minimal level of parent participation which characterized many meetings, this seems to be an efficient and effective way to produce an Individualized Educational Plan. An Individualized Educational Plan developed at many of the meetings would have been largely the result of teacher input and direction anyway. In all cases, parents were provided ample opportunity to react to the Individualized Educational Plan and to change it as they saw fit. While active parent involvement is the ideal, in many instances the professional educators were forced to operate in the driver's seat. This situation could certainly change in the future as parents become more knowledgeable about the placement process and the development of the Individualized Educational Plan components.

The sequential relationship of the placement decision and Individualized Educational Plan development seems to be so universally adopted that its logic must be considered. As mentioned above, the child's needs were considered throughout the process. Although the needs on which the placement decision was based were often not recorded (on the Individualized Educational Plan or elsewhere); they were, in fact, individually considered for each student.

The length of time between the placement decision and the Individualized Educational Plan also seemed to be guided by a logic sensitive to the individual situation. While the districts may have hedged a bit on the time requirements of the law, this generally appeared to have been done to develop a more informed educational program for the student. Observed practices suggested that districts feel that, for the most part, the receiving teacher is the individual best suited to direct the specification of instructional objectives. The preferred situation is to have that process grounded in first-hand knowledge of the child whenever possible.

Discussion Topics During the IEP Meeting. During observations, we were interested in whether general and specific objectives were discussed. One of the procedural issues was the type of writing going on during the meeting. In 21 percent of the cases,[2] general goals and objectives were written down during the course of the meeting. Specific goals and objectives were written down in only 8 percent of the cases. The small percentages do not necessarily signify that general and specific objectives were not often discussed. What these percentages indicate is that the writing of goals and objectives during a meeting did not often occur. As discussed above, it was common for the actual writing to occur outside the meeting — either before or after.

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[2] The remaining data are presented on cases, not meetings. Cases are more meaningful for Individualized Educational Plan issues, since goals and objectives would be expected to surface somewhere over the course of the process but not necessarily in every meeting.

Two categories included in the list of topics discussed at the meeting were general programming goals/needs and specific programming goals/needs. General programming goals/needs are synonymous with long term or annual goals. Specific programming goals/needs are short-term objectives and more precise than the previous category. Each topic category was given either a 0, 1, 2, or 3 rating for extent of discussion, with "3" meaning the topic was extensively discussed. Table 6.1 shows the number of cases for the study sample which received at least one "3" rating over the course of the meetings on that case. For the category of general goals, this topic was extensively discussed (i.e., "3"), at least for one meeting in 27 percent of the cases. In 32 percent of the cases, the topic received no higher rating than a "2". In 41 percent of the cases, general programming goals/needs received no more than a "0 or "1", meaning that the topic was barely mentioned, if at all. These data indicate that many more topics are being discussed at the placement meeting than simply the general goals.

These data also confirm the weakness of the link between the placement process (which was always observed) and the Individualized Educational Plan (which was only sometimes observed). They suggest that the topic of specific programming goals and needs are similar in their pattern but that they also show even less of a link between the discussion of specific goals and making a placement decision. In 24 percent of the cases, this topic was extensively discussed during at least one meeting; in 17 percent, it was at least moderately discussed. In over half the cases (59%), specific goals were barely mentioned. If anything, these data overstate the discussion of specific goals in the context of placement, because they include several cases which were followed after placement to the development of an Individualized Educational Plan by the receiving teacher. For these cases, although specific goals were extensively discussed, the discussion had no impact on placement. In general, the data on general and specific goals suggest that these two categories were not major considerations in many of the cases observed. An examination of the proportion of the meeting which was devoted to their discussion is another way to look at these categories. In most instances, this measure overlaps with the extensiveness rating; a topic extensively discussed tied up a large proportion of the meeting. However, in meetings when many topics were extensively discussed, each could account for only a small proportion of the time, which would explain a difference between the two measures.

TABLE 6.1: EXTENT OF DISCUSSION FOR GOALS/NEEDS

	Percent of Cases		
	At least a 3	At least a 2 but not a 3	0 or 1
general programming goals/needs	27%	32%	41%
specific programming goals/needs	24%	17%	59%

Note: N=92 cases

Cases were classified into these categories: cases where any single topic of discussion occupied at least 20 percent of the meeting; cases where a single topic occupied at least 10, but not more than 19, percent of the meeting; and cases where the most a single topic occupied across all relevant meetings, was 9 percent or less. The data are presented in Table 6.2. For both general and specific goals, in only 21 percent of the cases did the discussion of that topic occupy more than 20 percent of any of the meetings on the cases. At the other extreme, for 34 percent of the cases, general goals occupied no more than 9 percent of the discussion for any of the meetings on the cases. In 59 percent of the cases, specific goals and objectives occupied less than 10 percent of any meeting. These data tend to confirm the earlier discussion. Although general goals and objectives were not a major topic at most of the meetings observed, specific goals and objectives were discussed even less extensively — in fact, barely at all in most of the cases.

TABLE 6.2: CASES WHERE GOALS DISCUSSED

	Percent of Cases for Percentage of Meeting Topic Discussed		
	0 - 9	10 - 19	20 or more
General Goals	34%	45%	21%
Specific Goals	59%	20%	21%

Note: When case included two or more meetings, it was classified by the highest percentage over all the meetings. N=91 cases.

In summary, the Individualized Educational Plan development procedures varied dramatically across the 15 districts in our study. However, there was one overriding similarity; in all 96 cases the sequence of the process was always placement first, and then

Individualized Educational Plan development. The total time required for this sequence also varied quite dramatically from being handled within the same meeting to actually being developed the following school year. Although this sequence and timing may seem incongruent with those specified in the P.L. 94-142 Regulations, they make sense from the districts' operational perspective. The child's receiving teacher cannot be determined, and hence involved, in the development of the Individualized Educational Plan until the placement is known. Therefore, it makes logical sense to identify the placement and receiving teacher prior to defining components of the Individualized Educational Plan. Additionally, from a pragmatic perspective it makes sense for the child's newly assigned teacher to get to know on a daily basis the child's capabilities, work style, and routines prior to developing instructional objectives.

Other areas where discrepancies commonly existed between Individualized Educational Plan requirements and the actual practice of Individualized Educational Plan development included: delimiting and defining components of the Individualized Educational Plan, participants who attend the meeting, number of meetings designated as Individualized Educational Plan meetings, and the nature and process of actually writing up the elements of the Individualized Educational Plan.

Ancillary Activities

The study gathered relatively little information about ancillary activities related to the Individualized Educational Plan. Individualized Educational Plans were, of course, monitored by the state. Monitoring generally seemed to consist of verifying their existence and the existence of all the required components. Quality of the Individualized Educational Plans' contents was not part of the monitoring process.

Training in Individualized Educational Plan development had apparently been given in several districts. It appears that more training is needed in this area, however, as some teachers expressed a desire for feedback on their Individualized Educational Plans.

Constraints

One of the major constraints affecting the usefulness of the Individualized Educational Plan is the fact that the Individualized Educational Plan is often seen solely as a requirement of the law. Rather than serving as a guide which directs the teachers' activities with a child, the Individualized Educational Plan is perceived to be just one more piece of required paper that must be completed on each special education student. Discussions with teachers revealed that Individualized Educational Plans were sometimes developed for inclusion in the file and then another instructional plan or sequence was drawn up for actual use with the child. This redundancy was not an attempt at subversion or deceit. The teachers simply did not perceive the "official" Individualized Educational Plan as something to be incorporated into their classroom routines; for them it was simply a part of the required paperwork. Given this type of pigeon-holing of the Individualized Educational Plan, it is easy to see why teachers would resent the time involved in developing something which was of no further use to them.

One district complained of an especially unusual constraint related to Individualized Educational Plan development. Teachers in this district made extensive use of instructional objectives (and their Individualized Educational Plans) in teaching handicapped students. The district had adopted this approach prior to P.L. 94-142. Because of the onset of the law and its October 1st deadline for Individualized Educational Plans on file, the district felt its Individualized Educational Plans were no longer as good as they used to be. Previously, teachers had spent the first two months (both September and October) developing detailed plans for each student. Since the new timeline curtailed this planning period by one month, this led to more abbreviated Individualized Educational Plans.

One last constraint arose in those cases where districts held to strict time lines in completing Individualized Educational Plans. A quick completion of the process often meant that the Individualized

Educational Plan was developed by someone with very little knowledge of the child. (It is not difficult to see why the Individualized Educational Plan was not utilized and later replaced by a more functional plan.) Lack of knowledge is a rather formidable hurdle in establishing goals and objectives.

The following findings highlight the major study results related to the Individualized Educational Plan:

- Individualized Educational Plans were developed after placement and, therefore, were not used to determine placement.
- Parents were not consistently in attendance at Individualized Educational Plan meetings and when they were, they were often unable to contribute to the meeting.
- The Individualized Educational Plan was viewed more as a paper requirement of institutional practices rather than as a useful tool for programming.

7

PARENT/STUDENT INVOLVEMENT

Background

The presence of parents and their role in placement determination is one of the key areas of concern for this study. The impact which parents can have on the educational process and on their child's educational program is potentially very great. There is overwhelming evidence from this study (the mother was the second most frequent meeting participant) which indicates that parents are attending placement and IEP meetings. Although current indications are that parents are not nearly approaching fulfillment of the role envisioned for them, they have made the first major step toward this role by attending the meeting. The ultimate goal of participatory decision-making is still a long process. Fears on the part of educators, that parents would begin dictating placements to the schools, do not seem to be transpiring. Instead, parent involvement seems to be suspended in the middle of two extremes: parents do not dominate meetings nor do they actively participate.

To a much lesser extent, students have begun to be included in the mechanisms which govern their educational growth. The degree of student participation, however, remains far below that of their parents. It is the responsibility of the local school districts to assist students in becoming contributors to shaping their educational destinies. The law provides a framework within which student participation can be accommodated, but it is up to local districts to operationalize this concept of involvement in a pragmatic way.

Standard Operating Procedures

Through an examination of P.L. 94-142 guidelines, and the procedures required under state and local policies, some indication of the standard operating procedures with regard to parent/student involvement can be obtained. At the Federal level, P.L. 94-142 requires parent consent for evaluation and initial placement; parental notification concerning any action with respect to the child; and parent attendance at IEP meetings. Clearly, the intent of these guidelines is to ensure that parents are fully informed and, therefore, capable of participating in the decision-making process. These regulations also seek to ensure that parents understand and have approved the educational placement of their child. With respect to student participation, Federal guidelines are, of necessity, less encompassing. Other than indicating the student as a participant in IEP meetings "where appropriate", the manner of student involvement is not further specified.

Standard operating procedures from the Federal viewpoint then, are geared toward establishing a school-family partnership in which information is shared and decisions are made jointly. Student participation is less well defined to allow for age and severity differences which may make involvement inappropriate. Parent participation is more clearly specified, while at the same time allowing for flexibility so that state and local jurisdictions can supplement these guidelines if necessary.

The 15 districts in our sample, however, rarely expanded upon P.L. 94-142 in their written policies concerning parent/student involvement. One State did require home visits by a home-liaison specialist to ensure parent involvement in the development of the individualized education plan. Another district indicated that parents should have an individual conference with the teacher at least twice a year in addition to the required IEP meeting. One district established a policy concerning whom the parent can bring to a meeting, allowing the district veto powers. Policies concerning student attendance were infrequent. In one district, the junior high school had its own, unwritten policy that students should routinely attend meetings. Another district had recently changed its policy regarding student attendance at meetings because many attending students were unable to handle themselves at the meeting. Now, student participation is up to the discretion of the placement team.

Determination of Placement

There was clearly a sincere attempt on the part of most school personnel to encourage parent attendance and participation at meetings. Parent involvement usually took the form of supplying information concerning family background and placement preferences. In very few cases was there any indication that the parents were dissatisfied with the placement decision; for the most part, the school personnel were successful in their attempts to persuade parents as to the appropriateness of the placement and to accommodate parent preferences where possible. Rather than taking an active role in decision-making, however, parents and team members seemed to be most comfortable when the school took the lead in determining placement. Thus, in most of the meetings observed in our sample, the purpose of the meeting was not for group decision-making, but rather to explain the decision to parents, solicit background information, and to obtain parent approval. Although the intent of P.L. 94-142 goes beyond this, active parent participation in making decisions did not seem to be a thrust in the meetings we observed. Our information is discussed below and is grouped into four main areas: attendance, information sharing, criteria for evaluating options, and efforts to encourage or qualitatively to improve participation.

Parent Attendance

There was a high degree of parent attendance at meetings: nearly two-thirds of the 134 meetings observed included parents (62%; n=83). These meetings were not confined to IEP development as required by law, but also involved referral meetings, placement meetings, and meetings for annual reviews or reevaluations. Thus, in our sample of meetings observed, the districts had gone well beyond the letter of the law to fulfill the intent: to involve parents in the variety of actions concerning their children. Some caution in interpreting this high attendance rate must be exercised, however. The procedures to gain access to meetings which we followed included acquiring parental permission. This was sometimes done just prior to the meeting, as soon as the parent arrived. If no previous permission had been obtained and the parent was not present, then the meeting was not observed. Thus, our procedures for acquiring cases may have artificially inflated the parent attendance rate. Nevertheless, parent attendance was clearly in evidence and not confined to IEP meetings.

Not surprisingly, more mothers than fathers attended meetings: mothers were involved in more than half of the meetings observed (56%; n=75), while fathers attended slightly less than one-fifth of the meetings in the sample (19%; n=25). This trend undoubtedly reflects a greater availability to attend meetings on the part of the mothers, many of whom did not work. Special arrangements to accommodate working parents were observed, however, in a few cases. For example, in one case, meetings were held after hours so the father could attend. In another, the meeting was held in the father's place of employment (another school).

Of all meeting participants, the child's mother was the second most frequent attendee observed in our sample. The school psychologist was most often present (92 out of 134 meetings); followed by the child's mother (75 out of 134 meetings); and a self-contained special education teacher (64 out of 134 meetings or 48%). Some degree of variability in attendees most often present was observed across sample sites. For example, in one district neither the school psychologist nor the parents attended a significant number of meetings. In another district, however, the school psychologist was nearly always in attendance and parents were required to participate. (If the parent did not show up, the meeting was cancelled and rescheduled for another time.) Thus, composition of meeting participants was idiosyncratic to some sites.

Student Attendance

Students rarely attended those meetings we observed. Only 19 meetings out of 134 (14%) had a student present, and in only ten of those meetings did the student remain and participate in the meeting. In the other nine instances either the student was present only for part of the meeting or was too young or severely involved to be capable of active participation. As would be expected, those cases in which the student attended the meeting were generally ones in which the child was of junior high or high school age. The age range for students attending the entire meeting was 10 to 20 years, with most falling in the 11-15 range. These cases represented a variety of handicapping conditions including mental retardation, specific learning disability, and serious emotional disturbance.

It can be concluded that when parents did attend meetings, they usually came by themselves and only infrequently had someone else with them/substitute for them. However, this finding may be an artifact of our case selection process in that potentially problematic cases could have been screened from our selection. Although students did not attend a large number of the meetings we observed, their inclusion, when this did occur, may indicate a trend in this direction. Student participation was confined to a smattering of cases. For the most part, students were more observers than participants; they spoke up at meetings only when asked, and did not tend to volunteer information. When students were asked their feelings on the proposed placement, they generally tended to indicate approval.

Information Sharing

Information of both a formal and an informal nature was often given to parents by school personnel. In some instances the type and range of information was extensive. In one case the social worker encouraged the parents of a 6-year-old severely emotionally disturbed child to talk about their feelings and to call if they had any problems. The intended program was thoroughly described and reading materials on parenting were loaned by the social worker to the parents. Thus, in this case the school personnel went beyond their responsibility not only to explain the placement, but also attempted to help the parents, through the sharing of information, in areas beyond the domain of educational programming. Similarly, the mother of an autistic child was told about a local parent group and also about a national conference for parents of autistic children.

In contrast, other cases clearly showed a general lack of information sharing. A mother of an 8-year-old learning disabled child was quite upset for some time because she had thought that her child's placement was for educable mentally retarded students. Obviously, in this case the nature of the program had not been fully explained to the parent. In another case, the parent of a 5-year-old child signed an IEP that did not yet have a handicapping condition on it. Later, the psychologist wrote in "mildly retarded." The reasoning on the part of the psychologist was that she did not want to upset the parent. Both examples illustrate extreme instances in which critical information - a child's handicapping condition and the nature of a child's placement - was not shared with the parent. In neither case did the observers feel there was any intention to purposely deceive the parents, yet the absence of such basic information sharing casts doubts upon the extent to which parent consent is truly informed and the feasibility of active parent participation in decision-making when basic information about the child is not communicated.

In a similar vein, more than half of the meetings which parents attended did not include a discussion of available options (58% or 48 out of 83 meetings). The general trend was for the discussion to center on the one recommended option, rather than to present a range of options to choose from. In those instances when more than one option was discussed, the full continuum was presented in only one meeting; the remaining 34 meetings addressed some, but not all, options.

The principle of LRE involves the consideration (and availability of) a full range of options. In actual practice, however, this does not appear to happen and there are several factors which appear to contribute to this. The district may not have a full continuum from which to choose and, even if a range of options does exist, there may not be openings in the desired placement. Also, the school staff sometimes seemed to feel that it was better not to present an array of options to the parent, since many choices tended to confuse the parent. Most often, parents sincerely did not have sufficient information on various placements to enable them to make a decision. The elaborate presentation of an array of many options may be alarming to the parent, especially if it includes choices at the more restrictive end of a continuum. Finally, parents seemed to have the general feeling that it was really the school's decision to make anyway and that they were not qualified to decide. All of these factors, then, seemed to contribute to the general tendency of not presenting options or of discussing only a few placement possibilities.

A greater degree of caution on the part of school personnel was observed with regard to informing parents of their rights. For example, in one district, parent rights were routinely read aloud and interpreted to parents before they signed a form indicating their full understanding.

When students were involved in meetings, they were generally treated with the same courtesies as the parents. Although students did not attend very many meetings, in half of the meetings which included a student, he/she was informed of available options. As with the parents, only some of the options (not all) were discussed. In the nine meetings where students were asked to sign something, an explanation was always given. In two of these cases, the students were of the age of majority and signed consent for placement In the remaining meetings, the students were simply signing acknowledgements of meeting attendance. On a couple of occasions, special efforts to inform and to help students understand what was going on were observed. For example, a learning disabled student in one junior high was delicately and sensitively told what the test scores meant, what his condition was, and how it affected his school work. The psychologist took great pains to help the child understand and take responsibility for his own actions. In another case, a 10-year-old mentally retarded child was asked to summarize the meeting to make sure that she understood what had been discussed.

Although students were seldom included in meetings, there was some evidence that special efforts to involve students could be made. Student involvement of any kind was the exception, however. There was a general feeling on the part of the observers that although parents were made aware of their rights, they did not seem to fully comprehend them or their implications. School personnel were, however, careful to explain any forms the parents were to sign. Of the 75 meetings in which parents were asked to sign something (placement form, meeting record, IEP, etc.), a clear and concise explanation was provided in nearly every instance (93%; n=70 meetings).

Criteria to Evaluate Options (Parent/Student Input)

Family preference was one of the more frequent considerations when evaluating options. In more than half of the options considered for possible placement, family preference was one of the criteria discussed. During the placement process, then, it is apparent that the family's preferences (or at least perceived preferences) were taken into account. For the 96 cases in our sample, 233 options and component parts of options were examined. (If a placement had more than one part, e.g., regular class and resource room, the criteria discussed for each portion of the option, as well as for the option as a whole, were recorded. In the above example, there would be three options/component parts raised.) Out of 35 possible criteria which could be considered, family preference ranked seventh in frequency. It was preceded only by: student's academic needs; test results; performance in present placement; student's social/behavioral needs; school system preference; and handicapping condition.

It is interesting to note that school system preference was more often considered in determining placement than family preference. In nearly three-fourths of the options considered, school system preference was a factor (74%), as compared to only half for family preference (51%). There may be several reasons for this. First, the lower frequency of family preference may reflect the lower attendance rate of parents, although cases were observed when the parents were absent, yet their preferences (or perceived preferences) were relayed by some school staff members for them. Second, parents often indicated they had no preference, thus leaving it up to the school to decide. Finally, the higher occurence of school system preference may reflect the school's feeling that they are responsible for recommending placement and that, if parents do not object, this becomes the final decision.

Other criteria relating to the family were less often considered when determining placement. Student preference, family/home conditions, and the impact on the family were infrequently raised when evaluating options. Given the relatively few occasions in which the various options were discussed with students and the young ages of the students in our sample, the infrequent occurrence of student preference is not surprising. The impact of placement on the family was probably not often a factor when evaluating options because most of the placements in our sample cases were not radical changes. That is, we would expect impact on family to be considered most often when discussing institutionalization or deinstitutionalization. These types of placement, however, were rarely observed during our data collection.

Although family/home condition was not usually considered as a criterion by which to evaluate options, it was a frequent topic of general discussion at the meetings observed. The discussions of family history/conditions generally encompassed areas such as the marital history of parents and number and age of siblings. This area ranked fifth of all content areas in frequency of discussion at meetings. In more than two-thirds of the meetings in our sample, family history was a topic of discussion and was preceded in frequency only by: child's social behavior, general programming goals/needs, interpretation of test results, and classroom achievement.

Satisfaction with Decisions

In an overwhelming majority of cases, parents appeared satisfied with the decisions resulting from the meetings they attended. Of the 83 meetings in which parents were involved, 92 percent (76 meetings) resulted in a decision which appeared satisfactory to the parent. There were only four meetings (and only three cases — one case had two meetings) in which parents were clearly dissatisfied with the placement decision. In three meetings in which parents were involved, no decision was made at the meeting (e.g., the meeting was an intake staffing).

The three cases which did not culminate in satisfactory placement decisions for the parent, did not show any clear commonalities. Eligibility for services and availability of appropriate options appeared to be factors in two of the cases. A more restrictive placement was advocated by the parent, contrary to school staff recommendations, in one case. In another, the mother opposed a more restrictive placement; although restrictiveness per se was not articulated in this case, it involved proximity and age appropriate interaction with non-handicapped peers. The three cases in which parents were clearly dissatisfied with the placement decision are summarized below:

- An 8-year-old orthopedically impaired/learning disabled girl has been enrolled in a self-contained class for physically and otherwise health impaired - multi-handicapped students. She was no longer eligible for this classification and was to be placed in a self-contained class for learning disabled students. Her home school offered only resource room services which were agreed to be insufficient for the child's problem. The only self-contained class in the home district was housed in an elementary school which served only sixth graders. The mother objected to this placement because her daughter's interactions with non-handicapped students would be limited to older, sixth grade students. In addition, the school was a great distance from home and involved taking several school busses to get there.
- A 20 year old mentally retarded girl had been enrolled in a self-contained educable mentally impaired class with mainstreaming into some regular activities. The school staff were recommending graduation and on-the-job training as the next step for this girl. The aunt, an "unofficial" guardian, objected to graduation; she wanted her niece to stay in school because she "didn't know enough yet" to graduate. The placement team members tried to explain to the aunt that the child had done well in her classes and that there was little else the school could do for her. The student had no clear preference although she did indicate that she liked school. At the urging of the team members, however, the student acquiesced to try the training program.

- A 7-year-old severely speech impaired child presented many problems to the team members in determining placement. In the state where this child resides, speech impairment is not funded as part of special education; only speech services are provided for children with this classification and there are no accompanying special education services. The child was too severely involved to benefit from only speech therapy without the accompanying special education support. A number of options were discussed - including reclassification as learning disabled or as mentally retarded - but none were satisfactory alternatives. The psychologist refused to misclassify the child, although that appeared to be the only way to get special education services for her. Both the parent and the team members were dissatisfied that they were unable to get the child appropriate services.

Although in these three cases the parents were clearly not satisfied with the decision, there was no indication that the placement decisions would be appealed.

There were few cases of parent dissatisfaction; in fact, parents were often quite complimentary about school staff and programs. In one such case, the parents of a 9-year-old speech impaired/emotionally disturbed child had been having problems because of the guilt and bitterness they felt. Initially, they had been suspicious of the staff and the program at the day school their child began attending. These problems have now diminished as the parents have become more willing to share their problems with the staff. The parents are now very happy with the child's progress and give full credit to the school for this change for the better. As this example illustrates, then, in many instances appropriate special education placement not only benefits the student, but can also have beneficial effects upon the family and parent-school relationships.

On the whole, students also seemed to be generally satisfied with the placement decision, although they were involved in meetings infrequently and participated only minimally. In only one case (two meetings) did the student appear dissatisfied; in nine other meetings the students seemed to be satisfied with the placement decision.

Efforts to Encourage Participation

Perhaps one of the most notable features of meetings at which parents attended was the effort school staff made to encourage parent participation. Although parents did not always respond to attempts to promote their involvement, in nearly every meeting the school staff used a variety of strategies to encourage parent participation. Only 2 meetings out of the 83 involving parents did not include any efforts to facilitate the parent's involvement. In contrast, 98 percent of the meetings observed included attempts by school staff members to encourage parent participation. Approximately two-thirds of these meetings used strategies such as formal welcomes, introductions, requests for parent information, positive reinforcement for parent contributions, and solicitation of parent feelings concerning the proposed placement.

In spite of these efforts, however, the general consensus of the interviewers was that parents were not actively involved in decision-making concerning their children. For the most part, the actual placement of the child appeared to have been determined prior to meeting with the parents. The purpose of the meeting then became to explain the decision and to get parent approval. This approach appeared to be satisfactory with the parents who generally seemed to feel that the school was in the best position to decide upon placement. Most school staff also appeared comfortable with this role.

One factor which appears to perpetuate this situation seems to be a lack of information on the part of the parents. Many of the parents in our sample did not appear to be aware of the placement options available in their area nor of their rights under P.L. 94-142. Without this basic knowledge foundation, then, full parent involvement may be problematic.

When parents did question the recommended placement, team members most often accommodated the parent's desires. For example, in the one case in our sample which included a parent advocate, the school staff agreed to the advocate's request for a placement review. Although the parent advocate wanted a more restrictive placement than the school recommended, the team members conceded to the advocate's choice of placement. It was not necessarily the presence of the advocate which prompted this type of behavior. In other instances, team members were often observed to accommodate a parent's preference.

Overall, study conclusions regarding parent involvement indicate that not only were school staff conciliatory with regard to pleasing the parents about placement, but also about holding meetings. For example, in one case the mother showed up for a meeting on the wrong day, but the school staff held the meeting anyway, knowing that transportation was difficult for this parent who lived some distance away.

Similar efforts to encourage student participation were also observed for the cases in our sample. For 12 out of the applicable 14 meetings involving students (86%), student participation was actively encouraged. This was most often accomplished through offering a formal welcome, soliciting student opinion concerning the proposed placement, and providing an overview of the purpose of the meeting. To an even greater degree than with parents, however, these attempts were only minimally effective. Most students appeared to be somewhat intimidated by the group and uncomfortable being the center of discussion. Most of the students attending the meetings said little if anything at all during the course of the meeting.

Ancillary Activities

In attempting to facilitate parent involvement, special efforts to encourage participation were noted. These ancillary activities included notices, phone calls, and visits as reminders of upcoming meetings. Meetings were sometimes specially arranged at locations and at times convenient for the parents. Transportation was sometimes provided. Parent groups were organized by some schools to assist parents in working with their children, to encourage active involvement in the school and their children's education, and to provide a support group and forum for discussing problems. One district also provided training for parents in the implications of P.L. 94-142 for the education of their children.

Constraints

In spite of these efforts, constraints to parent involvement were also noted. Some parents did not appear to have the interest, time, or, perhaps, self-confidence to become actively involved in decision-making. Information concerning placement options was often lacking so that the parents did not have sufficient information to participate. (Indeed, at times the school staff did not always appear to know the specifics concerning some of the options such as services provided, availability, transportation, etc.) In addition, there appeared to be a general attitude that placement was the school's responsibility and that the schools were best equipped to make the placement decision.

Summary

In brief, the following findings with regard to parent and student involvement were observed for our case study sample:

- Parents often attended meetings concerning their children; this involvement was not restricted to IEP meetings, but also encompassed other types of meetings (e.g., referral, placement, review, reevaluation).
- Family preference was frequently considered with respect to placement, and family history and conditions were frequent topics of general discussion at the meetings observed.
- Parents appeared to be satisfied with the placement decision in an overwhelming majority of cases.
- School staff made great efforts to encourage parent involvement and to accommodate parents.
- In spite of high parent attendance and efforts to encourage participation, parents did not seem to be actively involved in actual decision-making. Placement decisions tended to be made by the school staff and then presented to parents for approval. This arrangement appears to be satisfactory to both the school and the parent.
- Students were rarely involved in meetings; when they were, similar courtesies extended to their parents were also extended to them.

8

CONTEXTUAL FACTORS AND CONSTRAINTS

There are a number of factors which were seen as affecting the placement of handicapped children in the appropriate LRE. In general, these factors have been described as contextual factors since they primarily relate to the local district environment within which placement procedures are implemented. The local environment can be defined by state and local reimbursement policies, as well as by the existing administrative structures. Through a description of contextual factors operating within a district, sometimes one can understand the "how" and "why" of procedures which are being implemented. This chapter provides a description of contextual factors which have been identified as operating across local districts within our sample. It has been determined that some contextual factors can be identified as having a negative or an unfacilitating influence on the operationalization of the LRE principle. These we have labeled constraints.

In the first part of this chapter there is a discussion of factors which influence district procedure; however, these factors have not been determined to negatively affect the placement of handicapped children in the appropriate LRE. They are simply factors which exist within districts. In the second part of this chapter the contextual factors which actually inhibit the effective implementation of least restrictive placements have been described. These factors are also considered contextual factors, but they have been labeled constraints for the purpose of illustrating their negative influence.

Contextual Factors

Various sources of information within the LEAs were used to learn about the contextual factors. Observers requested copies of all pertinent documents related to policies and procedures on placement. They also talked informally to team members and special education supervisors about procedural information, and further noted the presence or absence of formal or informal guidelines through their participation in PT meetings within each LEA. To record this information the observers completed sections of the LEA Data Form specifically related to placement procedures and policies. The result was a synthesis of the available material and impressions that characterized the formal and informal components of the placement process and related issues within each LEA. These results were categorized according to the separate components involved.

Written Placement Procedures and Policies

A variety of written documents relative to placement and LRE were present within the LEAs. Some of these were common to all or almost all LEAs, others were less frequent, and some were rarely in evidence. Common to all or almost all LEAs were:

- Placement forms
- LEA program plans (usually in state applications)
- SEA Placement Guidelines

Frequently present were:

LEA-written policy statments

  - .. on LRE
  - .. on parent participation
  - .. on student participation
  - .. on due process and appeals
- List of placement options
- Placement procedure manuals

Rarely evident were:

- LEA-written criteria for LRE

- Policies on out-of-district or private placement
- Criteria for providing opportunities with the non-handicapped
- Criteria for evaluating placement options
- Specific LEA placement options corresponding to the continuum of services (LRE) model

In addition to attempting to measure the existence of these items, observers also recorded their dissemination. This was thought to be a crucial indicator of the real availability and importance of formal placement procedures. Simply because written policies and procedures existed did not necessarily mean that placement team members were aware of them or used them.

The result of this investigation was discouraging, at least insofar as it related to the presence of written, formal procedures and policies. The forms listed above under the heading "Common to All LEAs" were usually broad statements by the SEAs and LEAs which provided general guidance for the devlopment of placement procedures or stipulated policies that conformed to state or federal law. The more specific and detailed materials were those listed under the categories of "frequently present" or "rarely evident." Furthermore the dissemination of all of these materials was quite minimal, usually to a few persons in supervisory or in coordinating positions who had the responsibility of communicating this information to the other team members.

On the other hand, the outcome of these informal communcations was surprisingly effective and, at least on general points, placement team members demonstrated an understanding of usual placement procedures and policies. This was particularly true in cases of standing placement teams where individual participants had had extended experience with the process.

Unfortunately, there were some areas of policy and procedure that were largely unknown or misunderstood, and these were quite often the components most related to LRE. The general lack of detailed and explicit written information in this area was reflected in the similar lack of awareness or understanding by team members of many of the essential features of LRE. Paramount among these were a failure to distinguish LRE and "mainstreaming," and insufficient knowledge of placement options or the criteria for evaluating options in regard to their restrictiveness.

Evaluation and Monitoring

Procedures for evaluating or monitoring the placement after it occurred differed widely between LEAs but had the following features in common:

- Very rarely was there a good procedure for early or periodic (less than one year) evalution of individual placements.
- Most LEAs relied heavily upon annual reviews (in conjunction with IEP development) to post hoc determine the suitability of placements.
- Most districts designated a person (usually a psychologist or special education coordinator/supervisor) to "spot check" the performance and classroom integration of handicapped students. In a few instances this was done by in-depth review of a few selected cases, but in most LEAs this amounted to informal surveys of the general effectiveness of programs and classes.
- Most districts encouraged individual PT members, who were responsible for program implementation, to refer cases in which placement was not working to the benefit of the student.

The last feature listed was the most common source of indications that placements were unsuccessful. Usually a classroom teacher (or in some cases the parent) would complain that the placement was not successful, and a special reevaluation (for change of placement) would be convened. A weakness of this approach was that it relied heavily upon individual service providers to raise the issue of inappropriate placement. This implies that the decision would be highly idiosyncratic and contingent upon the personal biases and perspectives of that staff member.

In accordance with P.L. 94-142 guidelines, all districts indicted that placements were reviewed pro forma every year (the three LEAs in one state stipulated 6-month reviews) and reevaluated every three years. Nevertheless, all districts indicated that many placements had been modified prior to scheduled reviews and/or reevaluation. What this suggests is that, for the most part, the lack of formal, immediate follow-ups on placement was, to some degree, made unnecessary by the limited success of the above described, less formal procedures. The advantage of this informal approach to monitoring was, of course, its minimal expense in time and energy. Many LEAs were already taxing personnel resources to their limit in order to conduct the scheduled reviews and reevaluations. Additional procedures in the form of short-term follow-ups and formal monitoring would have required more time and staff members than were available. On the other hand, it is probably axiomatic that more formalized procedures would result in more effective LRE placements than were currently obtained.

Training and Technical Assistance

Within the sampled LEAs, the observers searched available documents and interviewed special education supervisors concerning the extent of training and technical assistance regarding placement and LRE. The general result of this investigation was the finding that very few LEAs had extensive or regular in-service training for all PT members in these areas. About half of the LEAs had dealt in a limited fashion with the issue as part of in-service training on overall ramifications of P.L. 94-142, but this instruction was minimal in nature.

However, all SEAs and most LEAs had provided fairly extensive training and technical assistance on these issues to program supervisors/coordinators and to special education building principals. These individuals were generally well trained in the major provision of due process, parents' rights, procedures and scheduling and, to a somewhat lesser extent, LRE. The assumption was that they would disseminate this information to their staff members. In practice, this detailed information was usually learned by PT members through practice. The supervisory personnel would clarify particular procedural and policy questions as adjuncts of specific cases as they arose. Most LEAs did have some in-service training instruction, usually led by the supervisory personnel. The content of those sessions, however, was more general, and specific details were usually clarified as part of initial meetings in the district or through informal communciations to individual members.

When team members were questioned on the need for more in-service training, many indicated that additional training could be helpful. However, they usually stated that it was important for other staff, particularly regular education teachers, and that they themselves were already knowledgable on all the important issues and procedures. Some also indicated the need for training for parents or, at the least, some pre-meeting presentation to parents of the nature and reasons for placement and IEP meetings. A few LEAs had instituted some parent training programs and they felt that these had been quite helpful.

Legal Activity in the LEAs

Of the 15 LEAs in the sample, 4 had had experience with suits or the threats of suits related to placements. Two of these districts were urban and two were suburban. The fact that none of these contested actions occurred in rural districts (which made up over half of the sample) may have been related to geo-social differences between urbanized and rural settings or may have been simply a function of the higher population of students in the urban and suburban LEAs.

One of the LEAs was a relative "hot-bed" of legal activity: nine hearings, four appeals, and one actual suit had occurred there. In the other three LEAs, one had had an appeal that resulted in a civil action and the other two had been threatened with action but, through their own procedures, had avoided litigation.

Advocacy Activities

There was very little evidence of organized parent, professional, or advocacy group activity in most of the sampled LEAs. Where it did occur, it usually amounted to a minimal provision of technical assistance or support from state chapters of national associations for handicapped persons. Some LEAs did have parent groups acting in an advisory capacity at the state local and level. Also, there was some direct participation of advocacy groups in the cases of threatened or actual legal activities brought against LEA placements. Here, the outside groups had been very effective in organizing the legal activities and conducting the ongoing pursuit of due process rights in the cases.

Impact of Contextual Factors on Placement

The LEAs in the study have been classified along many different dimensions. Two characteristics noted by the observers as having a substantial impact on the overall placement process were the size of the district and the extent of centralization/decentralization of the procedures.

While the larger LEAs generally had a broader spectrum of services and placement options at their disposal, they also paid a price in terms of administrative requirements. Specifically, it was more difficult to communicate policies and more difficult to monitor implementation. In the smaller districts, only a small number of children were handicapped. There were also only a few professionals, so nearly everyone was personally familiar with every child's case. Added to this was the nature of a small town; i.e, the placement team members personally knew the family or someone associated with the family in some way.

This kind of situation naturally resulted in a very different kind of decision-making; the decision-making was personal as well as professional. The team's knowledge of any individual child was generally more complete than in the large districts where a child was a name on a meeting agenda, a teacher complaint, a case history, and some test scores. The placement decision itself might not have changed much as a function of the size of the district but the context in which their decision was made and carried out were clearly related to the number of children involved in the system.

Another contextual factor that left its mark on the placement process was the extent of centralization or decentralization in the district. In centralized districts, key decisions about policies and procedures were made by a single administrator or a group of administrators and disseminated through the management hierarchy. In decentralized districts, the power rested to a large degree with the building principal or a regional staff. Interestingly enough, one technique which seemed to lead people in a large district to function like people in a smaller district was decentralization. Each unit seemed to see itself as responsibe for its procedures and decisions.

The authority of the building principal and the autonomy of the individual school were critical features in decentralized districts. One of the positive benefits of this kind of arrangement was that it appeared to contribute to an attitude of "our school" and "we take care of our own." As in other situations, autonomy-providing baseline outcomes depended to a large degree on the "good will" of the persons granted the responsibility. In some of our LEAs, the "good will" was evident and LRE benefitted because part of "taking care of one's own" means taking action to keep the student in his or her own school. In others, decentralization was synonymous with a lack of management. This resulted in many variations in placement procedures, and in the degree of implementation of LRE.

The extent of decentralization was also somewhat related to the attitude of LEA staff to the bureaurcy associated with educating handicapped children; and the level of bureaurcy was lessened as persons making placement decisions elected their own way of doing things. If it did not meet their needs, they simply changed their procedures. Having this kind of power rest with the persons who actually decided placements seemed to induce the "we-they" distinction and resentment that many LEA staff seemed to feel. The amorphous, omnipotent "they" as demonstrated in statements such as "why are 'they' making us do this" was a less powerful force where LEA operations were decentralized.

There is an inherent danger of oversimplication in discussing LEA contextual factors. As a final note, it should be pointed out that there is no direct relationship between any one factor and effective placement procedures; good procedures were seen in small and large, centralized and decentralized districts. While these variables definitely contributed to the general ambience of placement decision-making, other variables entered in to modify or change their effect. For example, one distict was highly centralized and yet had incorporated a number of mechanisms whereby team members had input into establishing district policy. This had the positive effect of providing good procedures across all the schools and breaking down the "we-they" resentment. This district had the ambience of a decentralized district even though this was not the case. Similarly, the effect of size was often mitigated by other factors in the district. Because there are many such factors and because they

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interact in complex ways, the study was not able to draw one all-encompassing conclusion about the effect of context on placement decision-making. There were striking qualitative differences in the ways in which the LEAs operated, and the differences could be seen in the placement process. The safest conclusion is that the factors responsible for these differences are many and they would require a study addressed to just that issue.

Constraints

Constraints is the general category label used to describe those factors which prevent or inhibit local school districts from achieving full implementation of the provision of least restrictive environment placement for the handicapped children. Constraints relating to specific issues have been discussed in the section dealing with that issue. Some constraints, however, could not be tied to any particular issues; those remaining constraints are discussed in this chapter. As with the other study data, no claim can be made as to the representativeness of the problems discussed. They are simply some of the difficulties faced by the LEAs in the study.

This section does not follow the general format used with the other issues because of the nature of the content. There are no regulations or standard operating procedures for constraints. There were not even items on the observation instrument which relate to most of the constraints. The information to be presented here was gathered through informal discussions with district staff and through the insightful observation of many different meetings. It was communicated through the logs and the debriefings as well as ongoing discussions among the project staff.

Insufficient Placement and Evaluation Personnel

Some of the LEAs studied appeared to be operating comfortably within the requirements of the law; some seemed to be barely one step ahead of what needed to be done. Others were lagging so far behind it was difficult to imagine they would ever catch up. All in all, "overworked" was one of the most frequent descriptors of LEA personnel from these latter two types of districts.

While the willingness of staff members to plug away day after day, frustration after frustration, was admirable, it is highly doubtful whether an air of continual franticness contributed to the appropriate placement and thoughtful planning of handicapped students' education. Furthermore, as several LEA personnel pointed out, the constant pressure with no end in sight resulted in high turnover rates among the staff. Sisyphus can only push the rock up the hill for so long.

The districts had adopted a number of different coping strategies for dealing with a workload which surpassed staff capacity. One simple procedure was to impose a time limit on the meeting. By scheduling a whole series of meetings back to back, any individual case was prevented from taking up too much time. Districts also coped with the workload by making little or no attempt to meet the required timelines or by letting three-year reevaluations slide. While these practices were not officially condoned, they were not condemned either.

One of the more unfortunate coping strategies was handling some cases in a highly routinized manner, i.e., a typical LD, a typical MR, with typical needs, typical test scores. Other cases, particularly those with unusual twists, would get more in-depth attention and be treated on a truly individual basis. In this way, staff could be actively involved in making some decisions and push the maximum amount of paper at the same time.

One serious negative impact of insufficient staff time was that children sometimes fell through the cracks. This wasn't seen often but it was seen. Follow-up information was not collected or recommended evaluations were not done. A student was actually at home for weeks without services because everyone involved thought someone else was taking care of the case. Another student had been completely mainstreamed and left without services for two years in what turned out to be a disastrously inappropriate placement. No one was available, however, to monitor this child's progress.

Variations in Eligibility Criteria from State to State

Eligibility criteria are the specifications established at the state level which must be met for a child to be classified in a particular handicap category. Such criteria for special education services varied considerably across the five states in the study, particularly for the more ambiguous handicapping conditions such as seriously emotionally disturbed and specific learning disability. Contrast, for example, the criteria for classifying children as learning disabled in Exhibit 8.1 versus those criteria in Exhibit 8.2.

The second state's criteria are considerably more liberal than the first which would result in a higher number of children labeled as SLD. (In State 1, students made up 6 percent of the handicapped between 6 and 18; in State 2, they made up 9 percent). However, State 2 had adopted a ceiling on the percentage of children that a district could declare as SLD. The ceiling prevented the more liberal eligibility criteria from having its full impact. Obviously, this presented all sorts of problems at the local level when students who met the eligibility criteria were identified after the quota had been reached.

While the federal regulations supply definitions of the recognized handicapping conditions, the detailed specification of the criteria for classification has been left up to the states. One of the consequences of the resultant variety is that children who are handicapped in one state are not eligible for services in another. This problem is likely to receive more attention possibly in the form of litigation as parents of mildly handicapped children move from one state to another and learn their children can no longer be provided with services.

One of the most striking illustrations of the problems involved in the eligibility decision was the case of a six-year-old child with severe language problems.[1] The primary issue of discussion at the meeting was the search for a category under which the district could serve her.

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[1] This case was also discussed under the issue of "Categorical Decisions" in Chapter 4.

EXHIBIT 8.1: STATE 1: LEARNING DISABLED, DEFINED

"Learning Disabled" means a person identified by an educaional planning and placement committee, based upon a comprehensive evaluation by a school psychologist or certified psychologist or certified consulting psychologist or an evaluation by a neurologist, or equivalent medical examiner, qualified to evaluate neurological dysfunction, and other pertinent information, as having all the following characteristics:

(A) Disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculation.

(B) Manifestation of symptoms characterized by diagnostic labels such as perceptual handicap, brain injury, minimal brain dysfunction, dyslexia or aphasia.

(C) Development at less than the expected rate of age group in the cognitive, affective or psychomotor domains.

(D) Inability to function in regular education without supportive special education services.

(E) Unsatisfactory performance not found to be based on social, economic or cultural background.

Evaluation

The determination of a handicap in the learning area must be based on a comprehensive evaluation and other pertinent information which must include:

a. Observation data;

b. Psychological data, especially intellectual ability and emotional adjustment;

c. Academic evaluation or pre-academic/developmental evaluation;

d. Description of previously attempted intervention strategies and their effectiveness;

e. Medical data, if necessary to verify the following:

    1) Central nervous system dysfunction,

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  2) Sensory acuity problems, and
  3) Physical disabilities and/or health problems;

f. Speech and language evaluation, if a communication deficit is indicated; and

g. Social history, if necessary to determine social, cultural or economic factors which may have influenced learning abilities.

Obtaining a comprehensive evaluation will require the assistance of several special and general education personnel and the parents working as a team to produce the needed information. The psychologist, L.D. consultant, medical or other educational specialist and/or the evaluation team as a whole must not "certify" a student as learning disabled. Rather the evaluation team provides sufficient information to the placement committee for its determination as to the existence of a handicapping condition.

Tests and other evaluation materials and procedures used in the determination of a handicapping condition must include those tailored to assess specific areas of educational need, not merely those which are designed to provide a single general intelligence quotient, and must be selected and administered so as not to be racially or culturally discriminatory. If non-standardized evaluation techniques or other specific techniques are utilized as a part of the evaluation, the professional person utilizing such techniques should state in writing:

1. How these techniques are appropriate for use with the person being evaluated; and
2. How the results of application of these techniques may be used in determining whether the person has a learning impairment.

EXHIBIT 8.1: (Continued)

The person must be assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, and motor abilities. This is particularly important for students suspected of being learning disabled in order to determine that the learning impairment is not primarily the result of a mental, emotional, hearing, visual, physical or other health impairment as defined in the State Special Education Code. Assessment in the areas noted above may also result in the identification of a mild to moderate problem in one of these areas, such as vision or hearing, that with correction may result in an alleviation of the learning difficulties that the person has been experiencing.

At least one member of the evaluation team, other than the regular education teacher, must observe the person's academic performance in the regular classroom setting. In the case of a child of less than school age or a person not currently enrolled in school, who has not received a high school diploma (16-25), a member of the evaluation team must observe the person in an environment appropriate for a person of that age. The team member who carries out the observation must report, in writing to the placement committee, the relevant behavior noted during the observation and the relationship of that behavior to the person's academic functioning. In the case of a child who is to be enrolled in school for the first time, the observation may be made in a pre-school educational setting, such as Headstart or Title I, or may be made in the child's home setting. In the case of a person who has legally dropped out of school, the person may be observed in the most appropriate educational setting in which that person is currently involved, such as adult basic education or trade school; or the person may be observed while dealing with basic, independent living skills, such as his/her functioning in a work situation, locating and applying for work, household management and budgeting, etc.

EXHIBIT 8.1: (Continued)

REPORT ADDENDUM FOR A PERSON DETERMINED BY THE PLACEMENT COMMITTEE TO BE LEARNING DISABLED

NAME________________________SCHOOL______________________DATE____________

1. Does the person meet the eligibility requirements as learning disabled? (R 340.1713 and 121a.541)

2. What is the basis for making this determination?

3. What was the relevant behavior noted during the observation?

4. What is the relationship of that behavior to the person's academic functioning?

5. What are the educationally relevant medical findings, if any?

6. In which area(s) does a severe discrepancy exist between achievement and intellectual ability which is not correctable without special education and related services?

7. What are the findings of the Placement Committee regarding the effects of environmental, cultural, or economic disadvantage?

Each of the undersigned members certifies that this report reflects his/her conclusions regarding this person. Any member who disagrees with the above findings shall attach a separate statement presenting his/her conclusions.

NOTE: This report is attached to the Committee report in order to meet the requirements of the learning disability regulations related to Public Law 94-142.

EXHIBIT 8.2: State 2: LEARNING/LANGUAGE DISABILITY -- DEFINITION

Learning/language disability is a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language resulting from perceptual-motor handicaps. Such a disorder may include problems in visual and auditory perception and integration which may manifest itself in an impaired ability to think, speak or communicate clearly, read with comprehension, write legibly and with meaning, spell accurately, and perform mathematical calculations, including those involving reading. The presence of a learning/language disability is indicated by near average, average, or above average intellectual ability, but nonetheless the student demonstrates significant performance deficits in one or more of the following:

(1) Oral expression;
(2) Listening comprehension;
(3) Written expression;
(4) Basic reading skills;
(5) Reading comprehension;
(6) Mathematics calculations; and
(7) Mathematics reasoning:

PROVIDED: That such a performance deficit cannot be explained by visual or hearing problems, motor handicaps, mental retardation, a behavioral disability, or an environmental, cultural, or economic disadvantage.

A learning/language disability includes conditions described as perceptual handicap, minimal brain dysfunction, dyslexia, and developmental aphasia provided the student meets the eligibility criteria set forth below.

LEARNING/LANGUAGE DISABILITY -- ELIGIBILITY CRITERIA

Each of the three conditions that follows must be met in order for a student to be eligible for inclusion in learning/language disability programs paid for by state or federal excess cost funds.

(1) The student shall have significant deficits in visual and/or auditory functioning (including discrimination, memory, and integrations in visual-auditory and/or motor functioning): PROVIDED: That neither the visual nor the auditory deficit is required as a condition to the eligibility of secondary students. These perceptual/cognitive defects shall be verified by an assessment which shows a delay of one year or more at or below the first and second grade levels, a two-year or more delay at the third- and fourth-grade levels, and a three-year or more delay at the fifth-grade level and beyond, and/or a score of X2 standard deviations below the mean in one or more of the following areas:

(a) Visual processing;
(i) Perception (discrimination and closure);
(ii) Memory
(iii) Association; and
(iv) Integration;
(b) Auditory processing;
(i) Perception (discrimination and closure);
(ii) Memory;
(iii) Association; and
(iv) Integration;
(c) Haptic processing:
(i) Kinesthetic; and
(ii) Tactile;
(d) Language:
(i) Reception; and
(ii) Expression;
(e) Sensory integration/association:
(i) Visual-motor;
(ii) Visual-auditory (vocal);
(iii) Auditory-motor; and
(iv) Auditory-vocal.

(2) The student shall have significant deficits in one or more of the following areas as verified by administering one or more tests designed to measure such skills as:

(a) Oral expression;
(b) Listening comprehension;
(c) Written expression;
(d) Basic reading skill;
(e) Reading comprehension;
(f) Mathematics calculations; and
(g) Mathematics reasoning.

EXHIBIT 8.2: (Continued)

A significant deficit is indicated by test scores showing that the student is one year or more below his or her potential at or below the first and second grade levels, two years or more below at the third- and fourth-grade levels, and three years or more below at or beyond the fifth-grade level: PROVIDED: That a student shall be eligible for special education and related services only with respect to the area or areas in which the student functions below grade level.

(3) The student does not qualify for placement in any other disability category set forth in this chapter.

She was clearly speech impaired and was already receiving speech therapy. There were strong feelings that she needed a self-contained language-intensive placement. However, she could not be placed in one under an SI classification because the state did not fund self-contained placements for speech impaired children. To get a self-contained placement (or even a resource room) she would have needed another label. She was close to the LD criteria but didn't quite make it; while MR placement was out of the question. The chairperson's conclusion was that the girl wasn't handicapped and she was returned to her regular classroom.

Coordination of Federal Monies from Various Programs

An issue which appeared to be unresolved in several LEAs was the problem of serving a child through several different funding sources. Title I funds (and regulations) were most often involved in the controversy. In general, LEAs were unsure as to just what constitutes a proper distribution when a child is eligible for several programs. Various solutions had been reached. There was some feeling that it was unfair to use Title I funds to serve a handicapped child who qualifies for other monies. Given a limited amount of resources, the fairest allocation was seen as that which gave everyone a small piece of at least one pie. The problem with this reasoning is, as one LEA special education director pointed out, that it is against the law to deny access to a federal program because an individual is handicapped.

The LEAs appear to have worked out internal arrangements for handling this situation; the strongest effect of this constraint appeared to operate on a non-obvious level during the placement decision-making. The team members restricted themselves to the "handicapped programs" in selecting a placement for a child. For the mildly handicapped in particular, a less restrictive and yet still appropriate placement might have been found by exploring other supplemental options. It is impossible to say whether LEAs' consistent failure to even explore the alternatives was because a combined program of services was never appropriate for the child or because it was not consistent with informal district policy to explore such a program. In any event, uncertainty exists as to precisely if and how various federal programs are to be used to support each other, and the potential they represent for less restrictive placements is not presently being explored by those making placement decisions.

Transportation

Transporting handicapped children to their buildings presented several kinds of problems to the LEAs. The administrative effort required to move a sizable number of children daily to and from locations spread all over town is a mammoth task. Some LEAs even seemed to select proximal placement so as not to have to transport the child to the more appropriate but more distant placement. This is an interesting example of how some placement decisions may superficially appear to be made in accordance with the principle of least restrictiveness (i.e, placement closest to home), while other fiscal or administrative considerations are the actual deciding factors.

Another problem associated with transportation was the delay occurring before the child could actually begin. This was another example of an issue where, for some LEAs, it was a routine matter and for others it was a major source of difficulty.

Transportation is closely linked to the availability of resources. To the extent that the district has a large number of options, children need not go very far from their homes. If the district has few or even no suitable options, handicapped children may need to spend an inordinate amount of time being bussed to and from an appropriate class (in some cases over an hour). These hours multipled over weeks and years represent a substantial loss of time which these children could spend in more productive ways. The lost time factor alone may become a strong incentive for making special efforts to place children near their homes.

Lack of Interagency Coordination

The problems of a child (or family) being served by several public agencies are well known. The same issues appeared with handicapped children. Other agencies involved with a child might include the health or welfare department, the courts, or a community mental health agency. Communication between the agency and the school system ranged from excellent to nonexistent. When communication was poor, the same information was collected again and again on a child. The family was shuttled from one case worker to another. One of the most serious problems arises when a number of agencies are involved and there is general abdication of responsibility. This is particularly true when the child's problems are not basically educational in nature (e.g., family problems, drug related). The involvement of so many agencies can give rise to the "it is not my problem" syndrome--particularly, when special education staff are already overworked as described above.

Detailed organizational arrangements need to be established to insure the provision of a total program of services appropriate for the child and, in many cases, the family. At the present time, some LEAs have not yet established such arrangements. Moving the child into a progressively less restrictive environment is not likely to be a possibility unless all agencies involved are working cooperatively toward the same goal.

Missing Pieces on the Continuum

All districts are required by law to have the continuum of services available--either in its own district or through neighboring districts.

However, districts that place children in categorical programs actually need a number of continuums; they need one for each category of handicapping conditions. To the extent that certain options are not available for some handicaps (e.g., no MR resource room, no self-contained LD classes), the placement decision-making process is severely constrained. From the team's perspective a choice must be made between the proper place on the continuum or the proper set of classmates. Even if the placement does exist somewhere in the district, it may not exist in the neighborhood school or a school nearby, in which case another choice must be made.

This constraint can be viewed from two perspectives. On one hand, it is caused by not enough resources to generate the continuum several times over. On the other hand, it is caused by a district policy which *a priori* categorizes classrooms in such a way that certain types of children cannot be admitted. By their very nature, these classifications can prevent individually determined placements and thus go against the principle of least restrictive environment.

Fiscal Determinents of Least Restrictive Environment

Closely related to the existence within local districts of continuums of alternative placements is the special education reimbursement policy of the state. Various funding formulas can be interpreted as providing incentives and disincentives for different types of placements. In making a placement decision, the decision maker usually has at least two major alternative types of educational settings to consider:

(1) Self-contained Classrooms - a classroom or other space maintained by a school district to provide specialized instruction exclusively to handicapped pupils who spend from three hours or more per day in that classroom.

(2) Resource Rooms - a classroom or other space maintained by a school district to provide specialized instruction exclusively to handicapped pupils, no one of which spends more than two hours per day in the resource room, and all of whom are enrolled in the regular school district curriculum and receive regular instruction primarily from outside the handicapped program.

In keeping within the guidelines established under Public Law 94-142, the decision maker is required to place the evaluated child in the least restrictive setting. However, the details of how dollars are reimbursed from the state to the locality tend to set up indirect but rather powerful incentives that work against the primary intent of P.L. 94-142. While these fiscal incentives may not be directly observable in the placement of handicapped children, it is our contention that such placements can be better understood in terms of how the state chooses to reimburse localities for their efforts. In short, least restrictive environment is influenced by reimbursable dollars.

In order to determine the impact which reimbursable dollars have on least restrictive environment, we need to examine in detail three prototypical state aid formulas: excess cost aid and teacher salary aid applied to a hypothetical LEA situation. Given the relative lack of accurate cost and pupil data, a set of indicators was developed based on discussions with State education department staff. These hypothetical service characteristics are as follows:

1. Total student enrollment is 2,500 students
2. Pupils served in self-contained classes is 100
3. Pupils served in resource rooms is 100
4. Pupils served in integrated programs is 100
5. Pupil/teacher regular elementary ratio is 28:1
6. Pupil/teacher regular secondary ratio is 23:1
7. Average teacher salary is $10,500
8. Fringe benefits is $754 or 6 percent of salary, whichever is less

These characteristics, as well as the following examples, should be viewed as illustrative of the various state and funding patterns.

Excess Cost Aid. An allocation formula based upon excess cost reimburses school districts for direct costs ascribable to the education of the handicapped. In determining a district's allocation, only those costs which are directly related to the education of the handicapped and which would not have been incurred if the specialized programs were discontinued are considered. In essence, then, such a formula will reimburse only those costs resulting from the child being handicapped and not those basic costs related to the child being a pupil in the district.

In one state, the 1975-76 distribution plan for special education was operated and funded in an excess cost basis under Chapter 269, Laws of 1975 First Executive Session. Special education excess cost funds provided additional revenue to local school districts to provide handicapped education programs. Additional teaching staff, above what existed for the basic programs, allowed local districts to provide teacher/pupil ratios determined essential for differing types of handicapping conditions.

Keeping in mind our contention that handicapped placements can be better understood in terms of reimbursable dollars, let us consider the case of 100 special education students being placed in a self-contained classroom or resource room program. As shown in Appendix E, a typical calculation in determining excess cost funding under each program type would produce the following reimbursement schedule:

TABLE 8.1: COST OF EDUCATING A HANDICAPPED CHILD BY LEVEL OF GOVERNMENT

	Resource Room	Percent Resource Room	Self-Contained Classroom	Percent Self-Contained Classroom
State Excess Cost Funded	$31,798	42%	$62,962	59%
Local District Funded	$44,075	58%	$44,075	41%

The above charts illustrate the effects of the aid formulas on the various levels of government dealing with the education of handicapped children. There appears to be a significant financial incentive for a school district to choose a relatively more restrictive educational setting for the child. In the placement of the 100 handicapped children in a self-contained classroom, the local district bears only 41 percent of the total costs. Placing the children in a resource room, the local

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district has to pay 58 percent of the total cost. In short, the fiscal incentive is to place the child in the most restrictive environment, that of a self-contained classroom; this is diametrically opposed to the placement criteria promulgated by Public Law 94-142.

Excess cost aid was used by two states in our sample . The reimbursement formula is included in Appendix D.

Teacher Salary Aid. An allocation formula based upon teacher salary aid, distributes to each county a sum equal to the total number of authorized teachers times their respective salary schedules.

In one state the 1975-76 distribution plan for Special Education was operated and funded under a teacher salary aid program under Act 215 of the Laws of 1947. Teacher salary aid was based on the number of teachers a county had and the amount of college training and years of teaching experience. Once distributed, the money had to be used for the payment of teachers' salaries. The counties, however, were not required to pay each teacher according to his/her individual position on the State schedule, but the State could not pay more than was paid by the local districts.

Again, let us consider the case of the same 100 special education students being placed in a self-contained classroom or a resource room program. By applying the formula (included in the Appendix), a typical calculation would result in the following:

TABLE 8.2: COST OF EDUCATING A HANDICAPPED CHILD BY LEVEL OF GOVERNMENT

	Resource Room	Percent Resource Room	Self-Contained Classroom	Percent Self-Contained Classroom
State Teacher Salary Aid	$37,919	43%	$106,706	82%
Local District Funded	$51,032	57%	$23,147	18%

Again, it appears that there is a financial incentive to place the 100 handicapped children in a more restrictive environment. In the placement of the 100 children in a self-contained classroom, the local district bears only 18 percent of the total cost. However, if the children are placed in the resource room, the local district has to bear 57 percent of the cost. This large discrepancy is primarily due to the fact that, once placed in a resource room, the district still has to provide the student with a regular day teacher.

In summary, the application of reimbursement formulas to these hypothetical situations illustrates the indirect influence which fiscal factors can have on local district placements. The indirect impact has been determined to have the effect of financially rewarding districts for placing handicapped children in more restrictive placements.

Physical Location of Existing Facilities

A factor which had a serious impact on the amount of time a handicapped child will be able to spend with nonhandicapped peers is the physical location of the special education facilities. This particular decision is not made in the team meeting; it was made many years before, when administrators were planning the special education programs. Those districts that were foresighted enough to locate their special education classes, even those for the severely and profoundly handicapped, in regular education buildings, can now easily provide less restrictive placements. Districts that built special schools will send children to those schools.

Consider, for example, two of the LEAs in the study. Both are large, urban districts. One district has no special schools. All special education classrooms are in regular schools either right in the schools, in a special wing, or in one of the modular units which make up some schools. The other district has a number of special schools, including a school for the trainable mentally retarded.

While the quantity of interaction between the handicapped and the non-handicapped in the first district might not be extensive, the potential far exceeds that found in the second district. In both districts, the placement is constrained in its consideration of options by certain realities. It can't move a class to a new building. The relationship of the decisions made with regard to facility planning and decisions about the less restrictive environment for an individual student should be recognized. LRE must be a part of the former to be more fully a part of the latter.

Creativity of the Placement Team

Besides being externally constrained, the placement teams were often seen as internally constrained; they were limited by their failure to come up with unusual or creative solutions. Because of this process, the decision-making was limited to whatever the team considered within the realm of reasonableness, i.e., the standard set of placements for handicapped students in the district. With the exception of highly unusual cases, there were few attempts to try new approaches or assemble services in unique ways. While it is true that realistically there were only a limited number of choices for a student, it is also true that a greater effort could often have been expended to tailor arrangements to the individual student.

The notion of expending the additional effort to seek a slightly better solution is particularly relevant to LRE. As noted earlier, LRE was not a critical part of the decision-making in most meetings. An effective and completed implementation will require an extra effort on the part of individual professionals to ask whether a placement is actually the least restrictive a child can handle. Similarly, the team members need to ask aloud whether there are ways this child could spend additional time with the non-handicapped--or better yet, given that as a goal, what can be done to bring it about. To the extent these questions are not being raised and creative alternatives are not being explored, LRE cannot be a vital part of the decision-making.

Summary

Three words could be used to synthesize many of the concepts presented in the chapter with regard to the context in which the principle of least restrictive environment is presently operating:

communication, commitment and flexibility. Communication can be established in many ways. In small districts, it seemed almost to happen automatically. In the larger districts, formal mechanisms were put in place: written documents, standardized procedures, a management hierachy, layers of meetings. Where communication broke down, placements suffered. Information on the case or the possible placement was incomplete, there were no follow-ups, unnecessary delays were encountered.

Commitment to the child and to least restrictive placement is a rather amorphous concept. Although impossible to code on the observation form, it was clearly visible to the observers. Commitment is seen in the extra time it takes to visit a possible placement, to explain things more thoroughly to the parents, to make the phone calls and juggle the roster to get the child in the class. Commitment to least restrictiveness is making an extra effort to keep the student in a regular class or at least in a regular school. From a policy standpoint, there is not much that can be done about commitment It can't be mandated. Policy-makers are in a position, however, to remove the barriers that tend to demoralize the professionals involved in administering and delivering special education services. Many of the constraints discussed in this chapter represent special education headaches. An environment more conducive to commitment will exist when some of these problems are minimized or eliminated.

Flexibility can be a critical part of appropriately serving the handicapped students. A middle ground needs to be found (and held) between a total absence of procedures, a situation which invites abuse, and a maze of regulations so thick they can obstruct the educational process. With regard to determining an appropriate program of services for an individual child, any restriction on the options open to that child serves to impede implementation of LRE. The student can't go here because he doesn't have the right handicap, can't have that service because only students in placement X or Y get that, can't be put there because the state won't allow it, can't go to that room because he's already getting federal money, can't be that handicap because we have too many of those already--all of these are examples of the kinds of conditions which limit flexibility and make a placement less individualized than it might be. Some conditions are justified and necessary but their impact needs to be acknowledged. The possibilities for LRE conflicting with another priority appear endless. These are policies and procedures at the local, state, and federal level. Some facilitate LRE, some impede it. Some are not consistent across the three levels. There are also local, state, and federal policies for programs which are not specifically for the handicapped. These present many more potential limits on the flexibility of what can be done for an individual student.

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SUMMARY AND CONCLUSIONS

The purpose of this study was to identify, describe and compare the procedures used by school systems to determine the educational placement of handicapped children. As with any effort to provide a state-of-the-art description of current practices, we found wide variation in the placement procedures being used. In developing a comprehensive understanding of this variation in district practice the context within which practices evolve and operate must be examined. Identifying these contextual factors which influence the evolution, development, and implementation of placement procedures helps to understand the hypothetical "how" and "why" of what goes on. For this reason the final chapter of this report begins with a summary of findings describing the important contextual factors which exist within local districts.

After these contextual factors have been summarized, brief highlights of findings of each of the following are presented:

- the placement decision-making process;
- the role of LRE in the placement decision;
- the Individualized Education Plan (IEP); and
- the involvement of parents and students in determining educational placements.

Contextual Factors

Existing conditions within a local school district can operate in a variety of ways. In some cases these factors can facilitate the placement decision-making process while in others they may serve to constrain, impede, or hamper the district's application of the LRE principle to a handicapped child's placement in special education. In other instances the impact of a contextual factor is not clearcut and it can be interpreted in terms of both positive and negative implications for the process of making placement decisions.

Written Placement Policies

Existence, availability, and quality of written documentation regarding the process of determining an LRE placement are not sufficient conditions to ensure the consistent application of LRE across all cases. lack of specificity in what was contained in documents about LRE placements and procedures used in evaluating such were almost non-existent. However, in some cases lack of specific guidelines spawned informal methods which were aimed at promoting LRE to the maximum extent appropriate. In these situations had there been more formalized administrative guidelines in effect, such strategies may never have been created and employed. Guidelines which were developed to handle all cases sometimes tend to inhibit the creativity required to solve individual problems.

Evaluation and Monitoring Placements

A similar situation existed in the area of monitoring the implementation of a final placement decision or in evaluating the placement itself. Formalized procedures for immediate follow-up of a placement were almost never in evidence. However, there did exist more formalized mechanisms which were accompanied by written documentation, to ensure that the annual review and the P.L. 94-142 mandated re-evaluations took place. In addition, all districts had procedures to request (at any time) a change in placement if the teacher or parent did not feel the current placement was benefitting the child.

Often the more formal evaluation and monitoring activities (annual review and three-year re-evaluation) became routinized in their implementation. When this occurred, which was frequently cases appeared to be handled in a proforma way with little truly individual consideration given.

All districts provided evidence of having changed or modified placements prior to the annual review or the three-year re-evaluation. In these cases it seemed informal communication among those district staff working with a child were predominantly responsible for changes in placement. Such informal monitoring of a child's adjustment to a particular placement was at minimal expense to the district in terms of the time and energy required. However, because of this unsystematic approach to monitoring placements there is little assurance that problematic to placements will be identified and reconsidered.

Size of District

Larger school systems had the advantages of having a broader range of programs and services available to meet the needs of handicapped children. Yet this advantage carried with it responsibilities for overall management of a greater number and variety of resources. In smaller districts there were fewer programs, a smaller number of children, and fewer staff. Although placement choices were somewhat limited by this lack of variety, almost every professional was intimately familiar with the nature and history of each handicapped child's school experience. This kind of situation resulted in decision-making which was highly individualized and personal as well as professional.

Administrative Structure

Conditions existing within a local district can be described by the extent of centralization versus decentralization. Districts where the building principal had a high degree of autonomy in terms of operating the educational program within their school were considered decentralized. If policies were developed at a central level and disseminated through a more rigidly controlled management hierarchy, the district was centralized. The impact of this factor was difficult to judge since there are pros and cons on either side.

In some districts decentralized procedures contributed to disorganized management of special education programs and services. Difficulties were encountered, in particular, when handicapped children changed school buildings. Unsystematic procedures for conducting placement team meetings contributed to confusion among professional diagnosticians and other services providers, who were assigned to more than one school building.

On the other hand, a decentralized approach contributed to a staff feeling of personal responsibility for the educational program of each child within that particular school building. This commitment to individual children often contributed to creative solutions for working with a child within the confines of the professionals and service available to that school. Informal procedures enabled needed services to be delivered to the handicapped child in an effective and efficient manner.

In districts where the administration of special education was uniform, then consistent policies and procedures seemed to be related to determining educational placements. The entire array of district services were available to consider in the process of making a final decision. Procedures for conducting placements meetings were more formalized. Standardization of procedures across the district enabled each professional to know what his or her responsibilities were. However, this standardization of the placement process also contributed to a kind of bureauracy associated with educating handicapped children. Usually this bureauracy was accompanied by increased paperwork required by district efforts to document the process for all levels of management hierarchy involved in the placement decision and its implementation.

Brief descriptions of the positive and negative effects each of these demographic factors can have on the placement process provide the reader with a glimpse into the complexities and interactive nature of factors which contribute to the context within which local school systems must operate. Clearly, the contextual factors discussed above can have effects which in some instances facilitate and in other instances impede the process of determining the LRE appropriate placement for each handicapped child. In the next section factors which distinctly inhibit the placement process will be summarized.

Insufficient Placement and Evaluation Personnel

In many of the school systems participating in this study, there were not enough evaluation and placement personnel to meet the needs of providing assessment and placement services for handicapped children. This was reflected in the lack of time staff had to follow-up cases in progress. Without adequate staff time sometimes children "fell through the cracks." For example, perhaps the placement process would be interrupted because continuation of the process was contingent upon having the child evaluated by the local child guidance center. The parents were responsible for arranging a clinical assessment for the child. Without adequate personnel or staff time to check on the status of this assessment the process of determining the educational placement for the child might come to a halt indefinately.

Variations in Eligibility Criteria

This common problem seemed to exist in all states. Since each state individually and independently by State law determines criteria for eligibility special education and related services, there is wide variation. Criteria for the same category of handicapping condition are different, and there is often a difference in which types of handicapped children are eligible for services. Some states even limit specific services to a particular handicapped label. These differences become problematic when children transfer from a state in which they were eligible for services to a state where they cannot meet the criteria for special education and related service eligibility.

Coordination of Federal Monies from Various Programs

Several local districts had problems in determining which federal funds to use for children who were eligible for more than one Federally sponsored program. Enrollment of children in programs funded by Title I were most frequently involved. The effect this problem had was to limit the consideration of program options during placement deliberations. Typically, if a child was eligible for special education and related services, then the options considered were confined to those programs within special education. This often eliminated the selection of less restrictive placements available among those funded by Title I.

Transportation

The nature of problems associated with transporting handicapped children to educational programs reflect a variety of conditions existing within a district. A large sparsely populated rural area typically has few cases of low-incidence handicaps. However, even a large urban school system can have problems because special programs are not evenly distributed across the district.

Aside from the administrative burden associated with transporting handicapped children to and from classes, there were other constraints some districts had to face. For example, court-ordered desegration and the bussing program which accompanied it, put additional stress on the management of an adequate transportation program.

Lack of Interagency Coordination

Problems almost always arise when a child or family are receiving services from more than one public agency, and for a child with handicaps such problems were exacerbated. Interagency coordination or lack thereof, is typified by poor communications among those organizations participating in service delivery. One of the most frequent examples was that of repeatedly collecting the same information. Parents were requested by each agency involved to complete similar forms with the same information for the same purpose.

Missing Pieces of the Continuum

Certain program options are often not available for all classifications of handicapped children. Consistently it appeared that Learning Disabled children were placed in either a special resource room or self-contained classroom whereas those children identified as mentally retarded were predominantly placeed in self-contained classrooms. There usually were not specialized resource rooms for mentally retarded children. Such classifications can prevent indivdually determined placements and thus mitigate against the principle of least restrictive environment.

Fiscal Determinants of Least Restrictive Environment

The overall finding related to the reimbursement policies of states involved in the study was that indirectly local school districts are financially rewarded for placing handicapped children in educational program options which are more restrictive. In general, the level of funding for self-contained programs is greater in terms of both excess cost aid and teacher salary aid.

Creativity of the Placement Team

Perhaps the biggest factor contributing to lack of creative solutions to the placement problems was the amount of time necessary to develop such solutions. Because professional staff were consistently overworked, the luxury of spending time in creative problem-solving was almost impossible. Trying to save time by routinizing the placement process also constrained the abilities of professionals to examine a given situation in a new way or from a different perspective.

The preceding dicussion summarized the influence of factors affecting the environment of local school districts. This description of contextual factors is intended to provide a frame of reference and perspective within which to understand the overall study findings as they are related to educational placement decision-making.

Another key factor which affects the reader's interpretation of study findings relates to understanding the characteristics of the districts and cases which made up the study sample. Although the school districts were fairly representative of a number of demographic characteristics (size, urban-rural, geographic dispersion, proportion of handicapped children, and ethnic distribution), the actual cases upon which data were collected were not as representative. The case sample purposely included an over-representation of the more severe, but lower incidence handicapping conditions than would be expected. With local district contextual factors and the demographics of the sample in mind the following summary of findings is presented.

Placement Decision-Making Process

Placement meetings were an average of 36 minutes long and included six participants with the school psychologist and the mother the most frequent attendees.

There was almost never a written agenda which was circulated at the meeting, but usually the chairperson made a brief introductory statement about the nature and purpose of the meeting. There were almost always written forms completed during the course of the meeting. The pre-printed form served as somewhat of an agenda since the chairperson guided disucssion by completing required items included on the form.

The discussion at the meetings usually began with a recitation of test scores and other diagnostic information from the school psychologist and then proceeded in round robin fashion with each attendee giving his/her interpretation of the child's problem, functional level, and needs. There was rarely any effort made to summarize discrete information presented by individuals. The data about the child were never tied together to give an integrated picture of the child's strengths, weaknesses and educational needs.

The discussions during placement deliberations were usually informal and the content focused primarily on the child's academic achievement or social/emotional adjustment. Team members generally had limited information about the range of options available and this probably constrained discussion to the consideration to only one placement option. Since typically only one option was discussed, there was little use of a rational decision-making process in evaluating possible educational placements.

To some extent availability of openings seemed to operate as a constraint with respect to final placement decisions. If there was not an opening in a program which could appropriately meet the child's need, then that program never really became a legitimate option to be considered, and another alternative was suggested. Despite this, all districts felt that the programs they offered could appropriately meet the educational needs of most handicapped children for whom placement was being considered.

The most frequently applied criteria were those related to the child's academic and social needs, and whether or not the placement would provide an appropriate educational program to meet these needs. Given this criteria, if district staff felt a child really was in need of a special program for academic or behavior reasons, the district was willing to bend the eligibility criteria so that the child would be permitted to receive the special education and related services which were needed.

The Role of LRE in the Placement Decision

Although LRE as a concept was not well understood and not often explicitly mentioned. Some of the key elements defining the concept were employed in determining the placement decision or were manifest in the ultimate placement itself. Criteria by which placements were judged included consideration of some elements which make up a least restrictive placement. Such elements as interaction with non-handicapped, while they were vaguely mentioned, and never defined at an operational level, were, nevertheless, fully reflected in the ultimate placement decisions. The concepts of stigma and harmful affects, sometimes associated with placement in a special education class, were seldom discussed. Most of the references to the concept of LRE and to its elements were not overt, but instead were reflected, by implication, from the discussion of the child's needs. The primary criteria for placement appeared to always be the needs of the child and how those needs could best be accomodated, given the resources and personnel of the district. Basic to this committment for servicing the needs of the child was a philosophical perspective towards "mainstreaming." There was, however, no distinction between LRE as a concept for placement decision making and the more general philosophy of "mainstreaming." Further, at an operational level, both concepts were poorly implemented.

In general, district staff were provided with little training and/or technical assistance related to the application of the LRE principle to educational placements. Primarily written policies were quasi-verbatim restatements of state or Federal laws and accompanying regulations. Lack of criteria or strategies for implementing LRE could have contributed to the districts' inability to operationalize the LRE construct either in the process of determining placement or in the actual implementation of the educational program.

One key factor we used in determining the nature of a placement with respect to restrictiveness related to the points on the continuum. The continuum extends from services provided to the classroom teacher at one end to full-time residential treatment center at the other. By examining where placements changed with respect to this continuum we determined if the movement could be considered either toward a more restrictive or toward a less restrictive placement. Most cases in our sample (excluding initial referrals) tended to move toward a less restrictive environment with the exception of children who were identified as seriously emotionally disturbed or mentally retarded. In these cases in which the change to more restrictive settings occured, serious consideration was, in fact, given to the possible placement and more than one options was likely to be discussed. Further, parents of children who were moving to more restrictive settings were more likely to participate in the determination of placement.

Individualized Educational Plan (IEP)

One of the major findings with respect to the development of Individualized Educational Plans was that most of the time these documents were developed after the handicapped child had been placed in a designated special education class. It was evident that the Individualized Educational Plan was viewed more as a paper requirement rather than as a useful tool for actual programming purposes.

Parents were not consistently present at the meeting in which the Individualized Educational Plan was developed. When parents did attend they were unable, for the most part, to make meaningful contributions.

Involvement of Parents and Students in the Determination of Placement

Parents often attended a variety of meetings involving the education of their children. These included referral and screening, re-evaluations, annual reviews, and Individualized Educational Plan (IEP) meetings.

Conclusion

The state-of-the-art description of placement procedures and LRE implementation presented by this study showed that both consistency and variability existed across the fifteen school districts. All districts had meetings to determine placement. Some had one; some had several, but they all assembled a group of people representing various disciplines to discuss the child. Teams most often discussed the child's academic and social needs -- which are extremely fitting topics for a placement meeting. Parents were given the opportunity to participate with varying degress of encouragement but they were rarely active participants.

With specific regard to LRE, the state-of-the-art appears not to be as good as it could be but it is certainly not all bad either. The concept was poorly understood and almost never an explicit part of the decision-making. Even so, the placement teams appeared to be making decisions consistent with the LRE mandate. Their decisions reflected a commitment to providing opportunities for interaction with the non-handicapped even if that commitment was rarely verbalized. There were a number of factors which mitigated against full implementation of LRE. To the extent these can be lessened or even removed entirely, significant progress toward the intent of the Law should be more easily within reach.

In closing, we would like to note that the field staff was generally impressed by the competence and dedication of the people they observed making placement decisions. Many of the shortcomings with regard to LRE implementation were due to a lack of knowledge, time or resources. Rarely, if ever, did actions consistent with the Law appear to be guided by malice or a belief that the Law in general or LRE in particular was contrary to district or personal philosophy. The stage appears to be set for moving beyond acquainting local level special education staff with the facts of the Law. An emphasis needs to be placed on processes and strategies necessary for its realization: training in group decision-making, strategies for creating less restrictive placements, strategies for actively involving parents. Moreover, the context in which placement decisions are made could be substantially improved. Policymakers at the local, state and federal levels need to establish complimentary policies which are in accordance with -- or better yet, facilitate -- least restrictive placements.

APPENDIX A

SUMMARY

APPENDIX A
SUMMARY

Placement Characteristics and Outcomes

The major synthesis of results and analysis of findings, both from summative data and case-specific information, was treated in the preceding chapters of this report. Here we simply provide a background for that discussion through a presentation of some of the aggregate results with a few cross-tabulations of particular importance.

Handicapping Condition and Placement

Table A.1 shows the selected placements for each type of handicapping condition represented in the cases that were observed. On this chart, it is important first of all to note that, in most cases, a wide variety of placement options were used for each handicapping condition. This result ran counter to the expectation that some conditions would generate categorical or automatic placements. For example, seven different placement options were used with Mentally Retarded students; ten options were employed with Social/Emotional Disturbed children; and five different placements were selected for the eight Orthopedically Impaired children in the sample. One exception to this trend was the high proportion (21 out or 28) of Specific Learning Disability students who were placed in regular and resource room services.

A second and critically more important perspective on the placement of different handicapped students is displayed in Table A.2. This table subdivides cases by handicaps according to the relative change in degree

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TABLE A.1: FREQUENCY OF PLACEMENTS BY HANDICAPPING CONDITIONS

Placement / Handicapping Condition:	Regular Classroom	Regular Classroom with Special Services to Teacher	Regular Classroom with Special Services to Child	Regular Classroom and Resource Room	Self-contained and Regular Classes	Self-contained on Regular School Campus	Self-contained in Special Public School	Private Day School	Residential School, Public	Residential School, Private	Hospital	Homebound	Graduation	Not Placed	Total
Mentally Retarded				7	2	6	3		1				1	1	21
Hard of Hearing												1			1
Deaf															0
Speech Impaired				1		1		1							3
Visually Handicapped	1		2				1								4
Social/Emotional Disturbance	1	1		5	3	7	1	1	3	1				1	24
Orthopedically Impaired	1			1	1	3	2								8
Health Impaired					1	3						2			6
Specific Learning Disability				21	5	2									28
Multiply Handicapped							1								1
TOTAL	3	1	2	35	12	22	8	2	4	1	0	3	1	2	96 GRAND TOTAL

TABLE A.2: RESTRICTIVENESS BY HANDICAPPING CONDITION

Handicapping Condition Restrictiveness of Selected Placement	Mentally Retarded	Hard of Hearding	Deaf	Speech Impaired	Visually Handicapped	Social/Emotional Disturbed	Orthopedically Impaired	Hearing Impaired	Specific Learning Disability	Multi-handicapped	TOTAL
No change in restrictiveness:											
No prior placement	6	1		1		5	2	3	20		38
No change in placement	6			2		7	2	1	5		23
Class change only							1	1	1		3
Building change						3		1	2	1	7
Sub Total	12	1	0	3	0	15	5	6	28	1	71
More restrictive environment:											
Class change only	1										1
Building change	3					4	1				8
Sub Total	4	0	0	0	0	4	1	0	0	0	9
Less restrictive environment:											
Class change only	1					2					3
Building change	3				4	2	2				11
Sub Total	4	0	0	0	4	4	2	0	0	0	14
Placement not determined:											
Sub Total	1	0	0	0	0	1	2	0	0	0	2
TOTAL	21	1	0	3	4	24	8	6	28	1	96 GRAND TOTAL

of restrictiveness contained in the selected placement. A majority of the cases (71) obtained no change in restrictiveness. Many of these (38) were initial referrals (no prior placement) for which, of course, change could not be realistically interpreted. (Some analysts suggested that all placements from out of regular education into special were, per force, more restrictive. It was agreed that operationally defining change in restrictiveness relative to initial referrals, in a manner comparable to its definition in cases of reevaluation, was unsound. Consequently, initial referrals were operationally considered as "no change.")

What is most evident in this table is the fact that changes in restrictiveness occurred in only four types of handicapping conditions: Mentally Retarded, Visually Handicapped, Social/Emotional Disability, and Orthopedically Impaired. Further, the majority of changes in restrictiveness usually involved placement in another building, rather than simply a change in class. A detailed treatment of these issues was presented in Chapter 5.

Type of Referral

There were 38 initial referrals, 15 scheduled (3-year) reevaluations, 10 reviews (annual), and 33 reevaluations for change. Table A.3 shows the relationships of the type of referral to both handicapping conditions and placements in the sampled cases. A few variations in the cross-tabulations are noted here and were discussed in greater detail earlier in this report. One of these was the disproportionately large number of cases of Specific Learning Disabilities which were initial referrals. This effect may have been a function of the time of the sampling during the school year (late spring). Teachers may have only reached conclusions that students have more serious learning problems after more than a half year's experience in the classroom. Similarly, there seemed to be a growing awareness of the issue of learning disabilities and its relationship to achievement in the sampled districts. It is also possible that this handicapping condition is one that, once diagnosed, results in a generally satisfactory and effective placement, one that does not require special reevaluation or changes.

TABLE A.3: TYPE OF REFERRAL BY HANDICAPPING CONDITION AND PLACEMENT

Categories	Type of Referral				
	Scheduled Reevaluation	Reevaluation For Change	Initial Referral	Review	Total
Handicapping Condition:					
Specific Learning Disability	5	2	20	1	28
Speech Impaired		1	1	1	3
Mentally Retarded	6	7	6.	2	21
Social/Emotional Disability	3	11	5	5	24
Orthopedically Impaired	1	5	2		8
Visually Handicapped		4			4
Hearing Handicapped			1		1
Deaf					0
Health Impaired		2	3	1	6
Multiply-Handicapped		1			1
Placement:					
Regular class		2		1	3
Regular class with services to teacher		1			1
Regular class with services to student		2			2
Regular class and resource room	9	2	22	2	35
Self-contained and regular classes	4	4		4	12
Self-contained, regular school campus	1	9	10	2	22
Self-contained, special public school		5	3		8
Private day school		1		1	2
Public residential school		4			4
Private residential school		1			1
Hospital					0
Homebound			3		3
Graduation	1				1
Placement not determined		2			2
Totals by type of Referral	15	33	38	10	96

Another interesting result included in the same table is the differential utilization of placement options relative to type of referral. Only the reevaluation for change results in a broad utilization of the full spectrum of placement alternatives. A number of factors mitigated this result. Reevaluation for change tended to include the most controversial and extended meetings, and greater care and discussion on determining placement. The other types of meetings were generally more "standardized" and resulted in more typical and generally "less restrictive" placements. Once again, these are issues which received full and detailed treatment in the issue-specific sections.

Change in Restrictiveness of Placements

The relationship of restrictiveness to handicapping condition was presented in Table A.2 and discussed under the sub-heading of handicapping conditions. Table A.4 displays this factor in relation to type of referral and placement. Some interesting findings presented in this chart are: (1) of the 96 cases observed, only nine resulted in more restrictive settings; (2) all of these were specially convened reevaluations for change; and (3) a comparatively equal number (10) of reevaluations for change resulted in less restrictive settings. It is also important to note that only three (out of 15) scheduled reevaluations and only one (out of 10) annual reviews led to changes in restrictiveness and these were all to less restrictive environments. The majority of scheduled reevaluations and reviews (19 out of 25) produced no change in placement or restrictiveness; while the majority of special reevaluations for change (27 out of 31) produced a change in placement. Taken together these findings strongly suggest that, in spite of a lack of explicit written procedures disseminated to PT members and with only limited in-service preparation on these issues, the placement processes are generally effective in implementing LRE concepts.

Placement Participants and Procedures

Detailed and comprehensive data from each placement meeting (n=134) was recorded on the Observer Report Form; contextual information for each case (n=96) was recorded on the Case Information Form. Copies of

TABLE A.4: RESTRICTIVENESS BY TYPE OF REFERRAL AND PLACEMENT

Restrictiveness / Categories	Number of Cases (N=94)[1]											
	No Change					More			Less			
	No prior placement	No change in placement	Class change only	Building change	Sub-total	Class change only	Building change	Sub-total	Class change only	Building change	Sub-total	Total
Type of Referral:												
Scheduled reevaluation		11	1		12				2	1	3	15
Reevaluation for change		4	1	7	12	1	8	9		10	10	31
Initial referral	38				38							38
Review		8	1		9				1		1	10
Placement:												
Regular class									1	2	3	3
Regular with services to teacher		1			1							1
Regular with services to student										2	2	2
Regular and resource room	22	11			33				1	1	2	35
Self-contained and regular		5	2	2	9		1	1	1	1	2	12
Self-contained on regular campus	10	5	1	3	19	1	1	2		1	1	22
Self-contained in special public school	3			1	4		2	2		2	2	8
Private day school		1			1		1	1				2
Public residential school							3	3		1	1	4
Private residential school				1	1							1
Hospital												0
Homebound	3				3							3
Graduation										1	1	1
Restrictiveness Totals	38	23	3	7	71	1	8	9	3	11	14	94

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[1] Number of cases excludes two cases on which no placement decision was reached.

both of these are presented in Appendix B. Following data collection the results of this information gathering were collated, synthesized, and analyzed. A summary of the results is presented here and was analyzed in the prior chapters of this report.

Attendees

A wide variety of individuals were present at placement meetings. Attendance of types of meeting participants is presented in rank order in Table A.5 along with a measure of the participants in each category who actually knew the child. An average of six persons (not including the study observer) attended each meeting and the average meeting lasted 36 minutes.

A few comments should be made regarding the ranks of participation. According to the data, the most common participant was the school psychologist. The high figure of attendance for this professional may have been inflated by two factors: (1) the cases selected for study purposively included the more difficult or controversial cases which arose in the districts and (2) the presence of the research staff and observers in the LEAs may have sensitized the districts to our study and engendered a higher turn-out at meetings of supervisory and/or professional personnel. In the same line, figures for other categories, such as school principal (31%) may also be inflated and not representative of typical attendance.

A further qualification on this chart is directed toward the rankings and attendance rates of teachers. In the approach used in the observation, teachers were explicitly identified by type: self-contained (48%), regular education (43%), resource room (31%), itinerant (4%), homebound (1%), P.E. or recreation (1%), and potential regular education (1%). The sum of these categories is 129% and suggests an important overall measure of their participation. A teacher was present at almost all placement team meetings and, therefore, teachers should actually be considered the most common participants, although their discrete classification in this table does not, perhaps, adequately reflect this.

TABLE A.5: MEETING PARTICIPANTS

ATTENDEES	ATTENDEES PERCENT OF MEETINGS (N=134)	ATTENDEES WHO KNOW THE CHILD PERCENT OF ATTENDEES (N varies)1/
School Psychologist	69% (n=92)	84% (n=77)
Mother	56% (n=75)	100% (n=75)
Self-Contained Teacher	48% (n=64)	86% (n=55)
Regular Education Teacher	43% (n=57)	96% (n=55)
Social Worker	35% (n=47)	74% (n=35)
Principal (present school)	31% (n=42)	41% (n=98)
Resource Room Teacher	31% (n=42)	83% (n=35)
Other Coordinator	26% (n=35)	37% (n=13)
Placement Coordinator	24% (n=32)	34% (n=11)
Speech Pathologist	22% (n=30)	73% (n=22)
School Nurse	19% (n=26)	77% (n=20)
Father	19% (n=25)	100% (n=25)
Student	14% (n=19)	- -
Other Receiving Placement Representatives	14% (n=19)	58% (n=11)
Director of Special Education	13% (n=17)	76% (n=13)
Other	10% (n=14)	64% (n=9)
Other Building Administrator	10% (n=13)	85% (n=11)
Guidance Counselor	10% (n=13)	85% (n=11)
Occupational Therapist	10% (n=13)	85% (n=11)
Other Diagnostician	8% (n=11)	82% (n=9)
Parent Surrogate	7% (n=9)	100% (n=9)
Principal (New School)	6% (n=8)	38% (n=3)
MR Coordinator	6% (n=8)	38% (n=3)
Title I Personnel	4% (n=5)	100% (n=5)
Physical Therapist	4% (n=5)	100% (n=5)
Itinerant Teacher	4% (n=5)	80% (n=4)
Clinical Pathologist	3% (n=4)	75% (n=3)
Reading Specialist	2% (n=3)	67% (n=2)
Speech Coordinator	2% (n=3)	33% (n=1)
Coordinator for Multihandicapped	2% (n=3)	33% (n=1)
Other Principals	2% (n=3)	0% (n=0)
Parents' Friend	1% (n=2)	100% (n=2)
Other Parent Associate	1% (n=2)	100% (n=2)
Homebound Teacher	1% (n=2)	100% (n=2)
P.E. Teacher/Recreation Therapist	1% (n=2)	100% (n=2)
Recording Secretary	1% (n=2)	100% (n=2)
Case Manager	1% (n=2)	50% (n=1)
L.D. Coordinator	1% (n=2)	50% (n=1)
E.D. Coordinator	1% (n=2)	0% (n=0)
Curriculum Specialist	1% (n=2)	0% (n=0)
Parent Advocate	1% (n=1)	100% (n=1)
Department Chairperson	1% (n=1)	100% (n=1)
Work/Study Coordinator	1% (n=1)	100% (n=1)
Child Development Specialist	1% (n=1)	0% (n=0)
Potential Regular Education Teacher	1% (n=1)	0% (n=0)

1/This column represents the number of attendees who know the child. "N" therefore represents the number of attendees for each category and consequently varies. For example, ninety-two school psychologists attended meetings and seventy-seven of them knew the child. Thus 84% of the ninety-two psychologists in attendance knew the child.

Information Available to Placement Team

The student's case file was examined to see what information was collected and available (though not necessarily examined prior to the meeting) to the members of the PT. Table A.6 presents the summarization of what the observers found in the case files. In examining this list, one should keep in mind that 38 of the cases were initial referrals and this explains why the figures are somewhat lower than might be anticipated. This is particularly important in assessing the first three ranked categories in the table. Although recent psychological evaluations leads the list (n=61), one should recall that there sould be a psychological evaluation present for all 96 of the cases. This is actually a much lower proportion of positive cases than for specific (n=54) or general (n=53) goals or objectives which should only be expected in 58 cases for which prior placements existed and, consequently, IEPS would have been developed.

Parent and Student Participation

Observers recorded not only the attendance of parents and students at placement meetings but also the intent and encouragement of their participation in the decision-making processes. Tables A.7 (Parent Participation) and A.8 (Student Participation) outline the general findings in this area.

A clarification is necessary in interpreting these tables. This data is based upon the total number of PT meetings (134), rather than the number of cases (96). Consequently the total of parents at the meetings (83) refers to the numbers of meetings at which parents participated. The actual number of individual cases that involved parent participation was 77.

A very positive feature in this data is the amount of encouragement that was given to parents and students to participate in the process at the meetings which they attended. In the 83 meetings attended by parents, their participation was actively sought on 81 occasions. Of the fourteen meetings attended by students, they were encouraged to participate twelve times.

TABLE A.6: WRITTEN RECORD CONTENTS

Contents	Percent of Cases[1] (N=88)[2]
Psychological evaluation (78-79)	69 (n=61)
Specific goals & objectives (78-79)	61 (n=54)
General goals & objectives (78-79)	60 (n=53)
Placements to date	45 (n=40)
General progress/subject areas summaries from prior years	42 (n=37)
Social history (78-79)	40 (n=35)
Medical report (78-79)	35 (n=31)
Teacher reports (78-79)	34 (n=30)
Psychological evaluation (pre Sept. 78)	33 (n=29)
Medical report (pre Sept. 78)	32 (n=28)
Grades/Report Cards	28 (n=25)
Achievement test results from prior years	25 (n=22)
Reports from previous placement meetings	25 (n=22)
Specific goals & objectives (pre Sept. 78)	24 (n=21)
General goals & objectives (pre Sept. 78)	23 (n=20)
Social history (pre Sept. 78)	17 (n=15)
Teacher reports (pre Sept. 78)	13 (n=11)
Clinical evaluation (78-79)	10 (n=9)
Clinical evaluation (pre Sept. 78)	5 (n=4)
Other	56 (n=49)

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[1] Multiple responses were allowed.

[2] In eight cases files were unavailable at the time observations were conducted.

TABLE A.7: PARENT PARTICIPATION

Activities	Percent of Column		Detailed Characteristics	Percent of Column
A. Parent Attendance:	Did not attend	38% (n=51)		
	Attended entire meeting	58% (n=78)		
	Attended part of meeting	4% (n=5)	Late arriving	60% (n=3)
			Chose to leave	40% (n=2)
	TOTAL	100% (N=134)	TOTAL	100% (N=5)
B. Parent Awareness of Available Options:	Were not made aware	58% (n=48)		
	Were made aware previously	14% (n=12)	Made aware of all options	3% (n=1)
	Were made aware at this meeting	28% (n=23)	Made aware of some options	97% (n=34)
	TOTAL	100% (N=83)	TOTAL	100% (N=35)
C. Parent Review of Child's Folder:	Were not given an opportunity for review	66% (n=55)		
	Were given an opportunity for review	34% (n=28)	Before the meeting[1]	68% (n=19)
			During the meeting	36% (n=10)
			After the meeting	6% (n=4)
	TOTAL	100% (N=83)		
			[1] Multiple responses were allowed, (N=28).	
D. Encouragement of Parent Participation:	Were not encouraged	2% (n=2)		
	Were encouraged	98% (n=81)	A formal welcome[2]	69% (n=56)
		100% (N=83)	Introduction to participants	68% (n=55)
			Asked to contribute information	67% (n=54)
			Given positive reinforcement	65% (n=53)
			Asked how they felt about the proposed placement	63% (n=51)
			An overview of the meeting	52% (n=41)
			Other	27% (n=22)
			[2] Multiple responses were allowed, (N=81).	
E. Parent Signatures:	Were not asked to sign anything	10% (n=8)		
	Were asked to sign something	90% (n=75)	No explanation was provided	7% (n=5)
			An explanation was provided	93% (n=70)
	TOTAL	100% (N=83)	TOTAL	100% (N=75)
F. Parent Satisfaction with Placement Decision:	Parents were dissatisfied	5% (n=4)		
	Parents were satisfied	91% (n=76)		
	No placement decision was made	4% (n=3)		
	TOTAL	100% (N=83)		

TABLE A.8: STUDENT PARTICIPATION

Activities	Percent of Column		Detailed Characteristics	Percent of Column
A. Student Attendance:	Did not attend	86% (n=115)		
	Attended entire meeting	7% (n=10)		
	Attended part of the meeting	4% (n=5)	Late arriving	60% (n=3)
			Chose to leave	20% (n=1)
			Asked to leave	20% (n=1)
	Attended but participation was not applicable	3% (n=4)	TOTAL	100% (N=5)
	TOTAL	100% (N=134)		
B. Student Awareness of Available Options:	Was not made aware	50% (n=7)		
	Was made aware previously	7% (n=1)		
	Was made aware at this meeting	43% (n=6)	Made aware of all possible options	0% (n=0)
	TOTAL	100% (N=14)	Made aware of some options	100% (n=7)
			TOTAL	100% (N=7)
C. Student Review of his/her own folder:	Was not given an opportunity for review	100% (n=14)		
	Was given an opportunity for review	0% (n=0)		
	TOTAL	100% (N=14)		
D. Encouragement of Student Participation	Was not encouraged	14% (n=2)		
	Was encouraged	86% (n=12)	Given a formal welcome[1]	75% (n=9)
		100% (N=14)	Asked how he/she felt about the proposed placement	75% (n=9)
			Given an overview of the meeting	67% (n=8)
			Given positive reinforcement	50% (n=6)
			Introduced to participants	42% (n=5)
			Asked to contribute information	42% (n=5)
			Other	33% (n=4)
E. Student Signature:	Was not asked to sign anything	36% (n=5)		
	Was asked to sign something	64% (n=9)	No explanation was provided	0% (n=0)
			An explanation was provided	100% (n=9)
	TOTAL	100% (N=14)	TOTAL	100% (N=9)
F. Student Satisfaction With the Placement Decision:	Student was dissatisfied	14% (n=2)		
	Student was satisfied	64% (n=9)		
	No placement decision was made	22% (n=3)		
	TOTAL	100% (N=14)		

[1] Multiple responses were allowed, (N=12).

Meeting Activities

Tables A.9 and A.10 present a summarization of the major activities which occurred in PT meetings. The first of these covers some of the pro forma characteristics of meetings which were expected. The major interpretation given this aspect of meetings was that they were generally informally conducted. This is reflected in the chart by the total lack of written agenda from any of the observed meetings (oral agenda were presented in only 9 out of 134 meetings). Introductions took place in 53% of the meetings; the majority of these occurred at meetings attended by parents or out-of-district parties.

The second table describes the occurrence of activities directly related to placement decisions. A few features in this chart bear mentioning here and were described in great detail in the issue analyses. First, there was little discussion or presentation of the rationale for possible placements (only 27% of cases). On the other hand, there was similarly little disagreement with the proposed or decided placements. These two points were related. Finally, there was little discussion of short-term monitoring or evaluation of the decided placement. This confirmed the conclusion that had been reached in analysis of documents and procedures in the LEAs. Other than the regular reviews and three-year reevaluations there is little formal implementation of follow-up monitoring of placements.

Placement Options Considered

To begin with, observation indicated that only in a few cases (9 out of 134) were placement options presented prior to proposal of a particular placement for the student. This is summarized in Table A.11. Instead, what usually took place was that a proposal for a placement was offered and accepted, or, when disagreement occurred, the other options were then offered. This procedure was not quite in line with the LRE mandate and, rather, tended to limit placements without real consideration of alternatives.

The placement options which were given serious consideration are listed in Table A.12. The most common alternative mentioned in the meetings was regular and resource room, followed by self-contained on a

TABLE A.9: MEETING ACTIVITIES

ACTIVITIES	PERCENT OF MEETINGS (N=134) NO	YES	PERCENT OF POSITIVE RESPONSES (N varies)	
A. Meeting Agenda	93 (n=125)	7 (n=9)	Characteristic	Percent (N=9)
			Oral	100 (n=9)
			Written	0 (n=0)
			Both	0 (n=0)
B. Introductions	47 (n=63)	53 (n=71)		
C. List of Attendees	99 (n=133)	1 (n=1)	Characteristic	Percent (N=1)
			With Roles	100 (n=1)
			Without Roles	0 (n=0)
D. Writing During Meeting	28 (n=97)	72 (n=97)	Characteristic	Percent (N=97)
			Minutes on Official Form	60 (n=58)
			Minutes Freehand	23 (n=22)
			Other Writing	23 (n=22)
			General Goals	21 (n=20)
			Specific Goals	9 (n=9)
E. Discussion of Next Evaluation	88 (n=118)	12 (n=16)		

TABLE A.10: PLACEMENT DECISION ACTIVITIES

	Placement Activities		Percent of Meetings (N=124)[1]
A.	A general concensus about the existence of appropriate placements within the district:	Yes	85 (n=105)
		No	9 (n=11)
		N.A.	6 (n=8)
		TOTAL	100 (N=124)
B.	Team members were asked to comment on the proposed placement:	Yes	69 (n=86)
		No	29 (n=36)
		N.A.	2 (n=2)
		TOTAL	100 (N=124)
C.	Presentation of a rationale for the placement decision/recommendation:	Yes	27 (n=34)
		No	65 (n=8)
		N.A.	8 (n=9)
		TOTAL	100 (N=124)
D.	Manner of reaching a placement decision/recommendation:	By group consensus:	90 (n=112)
		By a formal vote of all present:	0 (n=0)
		By a formal vote of some present:	1 (n=1)
		N.A.	9 (n=11)
		TOTAL	100 (N=124)
E.	Existence of disagreement with the placement decision/recommendation:	Yes	6 (n=7)
		No	87 (n=108)
		N.A.	7 (n=9)
		TOTAL	100 (N=124)
F.	Use of regular education supplementary services to augment the special education program:	No mention of supplementary services	78 (n=97)
		Mentioned and rejected:	1 (n=1)
		Mentioned but not specified	1 (n=1)
		Mentioned and specified	15 (n=18)
		N.A.	5 (n=7)
		TOTAL	100 (N=124)
G.	Discussion of criteria for movement from the recommended placement:	Yes	10 (n=12)
		No	80 (n=100)
		N.A.	10 (n=12)
		TOTAL	100 (N=124)
H.	Discussion of short term monitoring:	Yes	24 (n=30)
		No	68 (n=84)
		N.A.	8 (n=10)
		TOTAL	100 (N=124)

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[1] In ten of the 134 meetings which were observed all aspects of the placement were decided in a previous meeting. Thus this is based on a total of 124 meetings.

TABLE A.11: CONSIDERATION OF THE RANGE OF OPTIONS

CONSIDERATION	PERCENT OF TOTAL	No. of Options	Percent of Total	Manner Presented	Percent of Total (N=9)
Meetings in which the range of options was presented prior to discussing an individual alternative	No 90 (n=121)				
	Yes 7 (n=9)	All	0 (n=0)	Orally	89 (n=8)
	NA 3 (n=4)	Some	100 (n=9)	In Writing	0 (n=0)
TOTAL	100 (N=134)	TOTAL	100 (N=9)	Both	11 (n=1)
				TOTAL	100 (N=9)

TABLE A.12: PLACEMENT OPTIONS GIVEN SERIOUS CONSIDERATION

Placement Options	Percent of Cases (N=96)[1]
Regular & Resource	41 (n=39)
Self-Contained, Regular School Campus	27 (n=26)
Self-Contained & Regular	14 (n=13)
Self-Contained, Special Public School	8 (n=8)
Public Residential School	5 (n=5)
Regular Class	4 (n=4)
Private Residential School	4 (n=4)
Homebound	4 (n=4)
Regular class with inclass service to the child	2 (n=2)
Private Day School	2 (n=2)
Regular class with inclass service to the teacher	1 (n=1)
Graduation	1 (n=1)
Training for the mother by a physical therapist	1 (n=1)
Hospital	0 (n=0)

[1] Multiple responses were allowed.

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regular school campus. It is instructive to note that a number of options involving the regular classroom were rarely discussed, including regular class placement and regular placement with limited special services (to teacher or to student).

A number of factors were discussed in considering placement options. They are listed and ranked in order of incidence in Table A.13. The factors most often considered were academic needs, test results, current achievement, social/behavioral needs, program preference, and handicapping conditions. Table A.14 gives a more detailed account of the importance of these issues and others by listing not only the issues discussed at the PT meetings but also the degree of discussion on each. In examining these issues it is important to notice not only the incidence (first column) of an issue being discussed but also the degree of discussion. For example, some issues were not discussed as often as others but, when discussed, were discussed a relatively greater amount. Examples of these were specific programming goals/needs and survival skills.

Least Restrictive Environment

The core of this study was a determination of the success of LEAs in implementing the LRE provision of P.L. 94-142. It has already been pointed out that very little evidence of written policies or procedures disseminated to PT members on this issue was found at the LEA level. Very few LEAs had written definitions of LRE, criteria for movement to an LRE, or continuum models of within-district placements.

In observing the PT meetings, the observers were trained and directed to record all mention of LRE or related terms in the consideration of options as well as references to providing opportunities for interaction with non-handicapped children. Table A.15 summarizes the findings of those observations in this regard. The results were discouraging, insofar as LRE was a "conscious" or expressed consideration in placement. Over 134 meetings, LRE was mentioned or discussed 19 times ("mainstreaming" was referred to 26 times, often as though the two were synonomous). There was a little more reference to participation with

TABLE A.13: FACTORS DISCUSSED IN CONSIDERING OPTIONS

Criteria	Total Times Considered	Manner of Consideration Percent of Options (N=223)[1/] Argued for: Positive Factor	 Argued against: Negative Factor	 Considered: Neither Positive nor Negative	 No argument whether Positive or Negative
Student Academic Needs	86 (n=194)	71 (n=159)	7 (n=16)	4 (n=10)	4 (n=10)
Test results	78 (n=174)	64 (n=142)	3 (n=7)	7 (n=15)	4 (n=10)
Performance in Present Placement	77 (n=173	65 (n=144)	5 (n=12)	2 (n=5)	5 (n=12)
Student's social/behavioral needs	76 (n=171)	52 (n=117)	7 (n=16)	9 (n=21)	8 (n=17)
School System Preference	74 (n=164)	61 (n=135)	5 (n=11)	4 (n=8)	4 (n=10)
Handicapping Condition	72 (n=161)	52 (n=125)	5 (n=12)	8 (n=18)	3 (n=6)
Family Preference	51 (n=115)	32 (n=71)	6 (n=14)	12 (n=27)	[illegible] (n=3)
Program Characteristics	50 (n=112)	43 (n=97)	4 (n=8)	0 (n=1)	3 (n=6)
Restrictiveness	28 (n=66)	22 (n=50)	5 (n=12)	0 (n=1)	1 (n=3)
Classmate Attributes	27 (n=60)	21 (n=46)	2 (n=5)	3 (n=6)	1 (n=3)
Performance in Past Placements	25 (n=56)	20 (n=44)	1 (n=3)	3 (n=7)	1 (n=3)
Student's Physical Needs/ Attributes	24 (n=54)	14 (n=32)	1 (n=3)	9 (n=19)	0 (n=0)
Proximity to Student's Home	20 (n=43)	12 (n=28)	4 (n=9)	4 (n=8)	0 (n=0)
Student Preference	18 (n=41)	10 (n=23)	2 (n=4)	4 (n=10)	2 (n=4)
Family/Home Condition	15 (n=35)	10 (n=23)	4 (n=9)	1 (n=3)	0 (n=0)
Educational Harm to Child	14 (n=30)	9 (n=20)	3 (n=6)	0 (n=0)	2 (n=4)
Long Term Effects	13 (n=30)	10 (n=23)	3 (n=6)	0 (n=1)	0 (n=0)
Availability of Aids	11 (n=25)	9 (n=19)	2 (n=5)	0 (n=1)	0 (n=0)
Stigma	9 (n=20)	4 (n=10)	2 (n=4)	2 (n=4)	1 (n=2)
Non-existence of Placements in District	8 (n=19)	6 (n=13)	1 (n=2)	1 (n=2)	0 (n=0)
Cost	5 (n=12)	3 (n=6)	1 (n=2)	1 (n=3)	0 (n=1)
Recommendation from Non-district Specialist	4 (n=11)	4 (n=10)	0 (n=0)	0 (n=1)	0 (n=0)
Physical Harm to Child	4 (n=9)	4 (n=8)	0 (n=0)	0 (n=1)	0 (n=0)
Impact on Family	4 (n=9)	3 (n=6)	0 (n=2)	1 (n=1)	0 (n=0)
Educational Harm to Others	2 (n=5)	2 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
Physical Harm to Others	2 (n=5)	1 (n=3)	0 (n=1)	0 (n=0)	0 (n=1)
Non-existence of Placements Outside of District	2 (n=5)	1 (n=2)	0 (n=1)	1 (n=2)	0 (n=0)
Other	1 (n=2)	1 (n=2)	0 (n=0)	0 (n=0)	0 (n=0)

[1/] Observers recorded criteria discussed for each portion of an option as well as the option as a whole. For example, if a regular + resource placement was being considered observer recorded criteria discussed for the regular class component, the resource room component and the combination placement of regular plus resources.

TABLE A.14: EXTENT OF DISCUSSION ON TOPICS IN PLACEMENT MEETINGS

Specific Discussion Topics	Extent of Discussion Percent of Meetings (N=134)1/			
	None	Little	Some	Much
Information on the Child				
Social behavior	12 (n=16)	19 (n=25)	29 (n=39)	40 (n=54)
General Programming goals/needs	14 (n=19)	36 (n=48)	28 (n=38)	22 (n=29)
Interpretation of test results	27 (n=36)	16 (n=22)	25 (n=33)	32 (n=43)
Classroom achievement	28 (n=37)	20 (n=27)	32 (n=43)	20 (n=27)
Family history/conditions	32 (n=43)	29 (n=39)	25 (n=33)	14 (n=19)
Medical facts/needs	39 (n=52)	26 (n=35)	19 (n=25)	16 (n=22)
Behavior at home/outside of school	43 (n=57)	33 (n=44)	15 (n=20)	9 (n=13)
Physical attributes/needs	46 (n=61)	37 (n=49)	15 (n=20)	3 (n=4)
Description of previous placements	49 (n=66)	36 (n=48)	13 (n=18)	2 (n=2)
Specific programming goals/needs	50 (n=67)	19 (n=26)	14 (n=19)	17 (n=22)
Relating test results to programming	54 (n=72)	26 (n=35)	16 (n=21)	4 (n=6)
Instructional methods tried	60 (n=80)	24 (n=32)	10 (n=13)	6 (n=9)
Supplementary services used	63 (n=85)	25 (n=33)	9 (n=12)	3 (n=4)
Family attitude toward handicap	66 (n=88)	25 (n=33)	7 (n=9)	2 (n=4)
Survival skills	72 (n=96)	14 (n=19)	12 (n=16)	2 (n=3)
Family attitude toward present placement	72 (n=97)	20 (n=27)	5 (n=6)	3 (n=4)
Hobbies and interests	73 (n=98)	24 (n=32)	3 (n=4)	0 (n=0)
Presentation of test results	75 (n=100)	22 (n=29)	3 (n=4)	0 (n=1)
Student attitude toward present placement	74 (n=100)	21 (n=28)	4 (n=5)	1 (n=1)
Attendance/tardiness	84 (n=112)	11 (n=15)	3 (n=4)	2 (n=3)
Student attitude toward handicap	89 (n=119)	10 (n=13)	1 (n=2)	0 (n=0)
Structured observation of student	91 (n=122)	4 (n=6)	4 (n=5)	1 (n=1)
Ranking of student needs	93 (n=125)	4 (n=5)	2 (n=3)	1 (n=1)

TABLE A.14: (CONTINUED)

	Extent of Discussion Percent of Meetings (N=134)[1]			
	None	Little	Some	Much
Information on Placement				
Program characteristics	32 (n=43)	36 (n=48)	18 (n=24)	14 (n=19)
Classmate attributes	59 (n=79)	31 (n=41)	9 (n=12)	1 (n=2)
Staff attributes	56 (n=88)	32 (n=43)	1 (n=2)	1 (n=1)
Availability	74 (n=99)	16 (n=22)	9 (n=12)	1 (n=1)
Cost	84 (n=112)	12 (n=16)	3 (n=5)	1 (n=1)
Additional Considerations				
Family attitude toward potential placement	59 (n=79)	31 (n=42)	8 (n=11)	2 (n=2)
Transportation	67 (n=90)	19 (n=25)	12 (n=16)	2 (n=3)
Other harm to child	73 (n=98)	20 (n=27)	7 (n=9)	0 (n=0)
Educational harm to child	75 (n=100)	22 (n=29)	3 (n=5)	0 (n=0)
Long term effects	79 (n=106)	16 (n=22)	3 (n=4)	2 (n=2)
Student attitude toward potential placement	80 (n=108)	15 (n=20)	4 (n=5)	3 (n=1)
Proximity	83 (n=111)	14 (n=19)	2 (n=3)	1 (n=1)
Recommendation from a non-district specialist	84 (n=113)	11 (n=15)	5 (n=6)	0 (n=0)
Stigma	89 (n=119)	10 (n=14)	1 (n=1)	0 (n=0)
Physical harm to child	92 (n=123)	6 (n=9)	1 (n=1)	1 (n=1)
Physical harm to others	93 (n=124)	7 (n=10)	0 (n=0)	0 (n=0)
Impact on family	96 (n=128)	2 (n=3)	2 (n=3)	0 (n=0)
Educational harm to others	97 (n=130)	3 (n=4)	0 (n=0)	0 (n=0)
Loss of mobility	99 (n=132)	1 (n=2)	0 (n=0)	0 (n=0)
Other harm to others	99 (n=133)	1 (n=1)	0 (n=0)	0 (n=0)
Other	72 (n=97)	15 (n=20)	5 (n=7)	8 (n=10)

[1] Multiple responses were allowed.

TABLE A.15: CONSIDERATION OF LEAST RESTRICTIVE PLACEMENT

Discussion Topics		Percent of Meetings (N=134)	
A. Mention of least restrictiveness:	No	86	(n=115)
	Yes	14	(n=19)
	TOTAL	100	(N=134)
B. Mention of mainstreaming:	No	81	(n=108)
	Yes	19	(n=26)
	TOTAL	100	(N=134)
C. Discussion of restrictiveness:	No	90	(n=120)
	Yes	10	(n=14)
	TOTAL	100	(N=134)

→

Determination of Restrictiveness	Percent of Total[1] (N=14)	
Time with non-handicapped Peers	57	(n=8)
Most like regular education	29	(n=11)
Procedures for normalization	14	(n=2)
School child would normally attend	7	(n=1)
Other	21	(n=3)

---

[1] Multiple responses were allowed.

Discussion Topics		Percent of Meetings (N=134)	
D. Discussion of opportunities for interaction with the non-handicapped:	No	70	(n=94)
	Yes	30	(n=40)
	TOTAL	100	(N=134)

→

Where	Percent of Total[1] (N=40)	
In class	78	(n=31)
In building	40	(n=16)
On grounds	35	(n=14)
Not discussed	3	(n=1)

For What?	Percent of Total (N=40)	
Some academic subjects	63	(n=25)
Physical Education	45	(n=18)
Lunch, recess, or assembly	45	(n=18)
Art	40	(n=16)
Music	38	(n=15)
Extra Curricular activities	23	(n=9)
All academic	10	(n=4)
Other	10	(n=4)

---

[1] Multiple responses were allowed.

nonhandicapped peers, though even this component was not expressed in the large majority of cases (70%). However, failure to accurately express the ideas of LRE is not necessarily related to the actual implementation of the concept. Actions speak louder than words and, as some of the overall data presented here and as the issue specific analyses revealed, actions spoke fairly well for the majority of placements which were observed.

SUMMARY

It is hoped that this material may serve as a background to the issue-specific and comprehensive narratives which made up the major portion of this report. It has been pointed out, but bears repeating, that the data presented here was not representative of anything but the particular LEAs and the specific cases which were studied in this investigation. Nevertheless it is anticipated that many of the procedures and policies which operated in these circumstances are common to others. Further, it is beleived that a great deal of the issue-specific and even case-specific (anecdotal) discussions presented in this report are instructive and heuristic to an understanding of the complexities of LRE and the factors which most heavily influence its successful implementation.

APPENDIX B

INSTRUMENTATION

Observer Report Form

ID No.: ☐ ☐ ☐ ☐ ☐ ☐

Observer No. 1: ☐ ☐

Observer No. 2: ☐ ☐

Date: ______________________

Action of this case in 1978-1979 school year thus far:

Date	Action	Outcome
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Title of this Meeting: ______________________

Location of Meeting: ______________________

Starting Time: ______________________

Stopping Time: ______________________ Meeting Time: ______________________

Number of Attendees: __________

I. Attendees:

Number Present

Knows child*

☐ ☐ Mother (MO)

☐ ☐ Father (FA)

☐ Student (ST)

☐ ☐ Parent Surrogate or Substitute (PA) Specify relationship to child: ____________

☐ ☐ Parents' Advocate (AP)

☐ ☐ Parents' Attorney (AT)

☐ ☐ Parents' Friend (AF)

☐ ☐ Other Parent Associate (OH) Role: ____________

☐ ☐ Director of Special Education (DS)

☐ ☐ District, regional or inter-building placement coordinator (PL)

☐ ☐ Case manager (CA)

☐ ☐ Other district, regional or inter-building placement staff (LH)

☐ ☐ Other district, regional or inter-building coordinator (DH)

Role: ____________

____

☐ ☐ Principal (child's present school) (PR)

☐ ☐ Principal (child's new school) (PN)

☐ ☐ Other principal (PH)

☐ ☐ Other building-level administrator (AH) Specify: ____________

☐ ☐ Speech and Language Coordinator/Supervisor (SL)

☐ ☐ LD coordinator/supervisor (CL)

☐ ☐ ED coordinator/supervisor (CD)

☐ ☐ MR coordinator/supervisor (CM)

☐ ☐ Blind/Visually Handicapped coordinator/supervisor (CV)

☐ ☐ Deaf/Hearing Impaired coordinator/supervisor (CH)

☐ ☐ Orthopedically Handicapped coordinator (CP)

☐ ☐ Coordinator/Supervisor for more than one handicapped service area (CM)

☐ ☐ Special education itinerant teacher (IT) Specify: ____________

☐ ☐ Special education self-contained teacher (SC) Type: ____________

____

☐ ☐ Special education resource teacher (RR) Any special education teacher not in a self-contained classroom nor itinerant (Type: ____________

____

☐ ☐ Homebound Teacher (BT)

☐ ☐ Physical Education Teacher/Recreation Therapist (PE)

☐ ☐ Regular classroom teacher (TC) Subjects: ____________

____

____

☐ ☐ Department Head or equivalent (SA) Type:

☐ ☐ Child development specialist (DV)

☐ ☐ School psychologist (PS)

☐ ☐ Clinical psychologist/psychiatrist (PY)

☐ ☐ Guidance counselor (GC)

☐ ☐ Social worker (SW)

☐ ☐ Reading Specialist (SR)

☐ ☐ Math Specialist (SM)

☐ ☐ Curriculum Specialist (SH) Specify:

☐ ☐ Speech clinician/pathologist (SP)

☐ ☐ Audiologist (AU)

☐ ☐ Other Diagnostician (DA) Specify:

☐ ☐ Title I personnel (TI)

Type?

☐ ☐ Potential Regular teacher(s) (RT) subjects:

☐ ☐ Other Representative(s) of possible receiving placement (RP)

Specify:

☐ ☐ Work/Study Coordinator (WS)

☐ ☐ School nurse (NU)

☐ ☐ Physical therapist (PT)

☐ ☐ Occupational therapist (OT)

☐ ☐ Medical doctor (MD)

☐ ☐ Other medical personnel (ME) Specify:

☐ ☐ Recording Secretary (RS)

☐ ☐ Other (HH)

I. Was child's current teacher(s) present?

☐ No ☐ Yes

→ Code(s) ☐☐ ☐☐ ☐☐ ☐☐

II. Procedures

2. Chairperson (code) ☐

3. Agenda? ☐ No ☐ Yes

→ ☐ Oral ☐ Written ☐ Both

4. Introductions? ☐ No ☐ Yes

5. Written list of attendees (or name cards)? ☐ No ☐ Yes

5a. → With Roles? ☐ No ☐ Yes

6. Writing during meeting:

☐ No ☐ Yes

6a. → Type?

Type?	Who?	Check if Read Aloud	Check if Circulated
____ Minutes, freehand	____	☐	☐
____ Minutes, on official form	____	☐	☐
____ General goals and objectives	____	☐	☐
____ Specific goals and objectives	____	☐	☐
____ Other ____________	____	☐	☐

7. Which committee members had access to the child's folder and/or assessment data prior to the meeting? Source ☐☐☐

☐ None ☐ All ☐ Some

Who?

7a. → (Specify): ______________________ ☐☐☐

7b. → Which committee members saw the folder/data before the meeting? ☐☐☐

____

____

8. Was the child's (next) re-evaluation discussed?

☐ No ☐ Yes

8a. → Was a recommendation made as to when child should be re-evaluated?

☐ No

☐ Yes, not specifically

8b. ☐ Yes → When?

☐ 0 - 3 months

☐ more than 3 months, less than 6

☐ more than 6 months, less than a year

☐ a year or more

9. Who is responsible for follow-up on this case after the placement decision? Source ☐☐☐

☐ No placement decision made yet

☐ No one

☐ The following person(s) (codes) ______________________

____

II Information on Child

	Extent of Discussion				Extent of Disagreement			
	None			Extensive	None			Much
☐ Description of previous placements	0	1	2	3	0	1	2	3
☐ Supplementary services used	0	1	2	3	0	1	2	3
☐ Instructional methods tried	0	1	2	3	0	1	2	3
☐ Presentation of test scores	0	1	2	3	0	1	2	3
☐ Interpretation of test results	0	1	2	3	0	1	2	3
☐ Relating test results to programming	0	1	2	3	0	1	2	3
☐ Structured observation of student	0	1	2	3	0	1	2	3
☐ Classroom achievement	0	1	2	3	0	1	2	3
☐ Attendance/tardiness	0	1	2	3	0	1	2	3
☐ Social behavior	0	1	2	3	0	1	2	3
☐ Physical attributes/needs	0	1	2	3	0	1	2	3

	Extent of Discussion				Extent of Disagreement			
	None			Extensive	None			Much
☐ Survival skills	0	1	2	3	0	1	2	3
☐ Behavior at home/outside of school	0	1	2	3	0	1	2	3
☐ Medical facts/needs	0	1	2	3	0	1	2	3
☐ Family history/conditions	0	1	2	3	0	1	2	3
☐ Hobbies and interests	0	1	2	3	0	1	2	3
☐ Family attitude toward handicap	0	1	2	3	0	1	2	3
☐ Family attitude toward present placement	0	1	2	3	0	1	2	3
☐ Student attitude toward handicap	0	1	2	3	0	1	2	3
☐ Student attitude toward present placement	0	1	2	3	0	1	2	3
☐ General programming goals/needs	0	1	2	3	0	1	2	3
☐ Specific programming goals/needs	0	1	2	3	0	1	2	3
☐ Ranking of student needs	0	1	2	3	0	1	2	3

IV. Information on Placement

	Extent of Discussion				Extent of Disagreement			
	None			Extensive	None			Much
☐ Availability	0	1	2	3	0	1	2	3
☐ Cost	0	1	2	3	0	1	2	3
☐ Program characteristics	0	1	2	3	0	1	2	3
☐ Staff attributes	0	1	2	3	0	1	2	3
☐ Classmate attributes	0	1	2	3	0	1	2	3

V. Additional Considerations

☐ Transportation	0	1	2	3	0	1	2	3
☐ Proximity	0	1	2	3	0	1	2	3
☐ Family attitude toward potential placement	0	1	2	3	0	1	2	3
☐ Student attitude toward potential placement	0	1	2	3	0	1	2	3
☐ Impact on family	0	1	2	3	0	1	2	3
☐ Stigma	0	1	2	3	0	1	2	3
☐ Loss of mobility	0	1	2	3	0	1	2	3

	Extent of Discussion				Extent of Disagreement			
	None			Extensive	None			Much
☐ Physical harm to others	0	1	2	3	0	1	2	3
☐ Physical harm to child	0	1	2	3	0	1	2	3
☐ Educational harm to others	0	1	2	3	0	1	2	3
☐ Educational harm to child	0	1	2	3	0	1	2	3
☐ Other harm to others	0	1	2	3	0	1	2	3
☐ Other harm to child	0	1	2	3	0	1	2	3
☐ Long term effects	0	1	2	3	0	1	2	3
☐ Recommendation from a non-district specialist	0	1	2	3	0	1	2	3
☐ Other ______	0	1	2	3	0	1	2	3
☐ Other ______	0	1	2	3	0	1	2	3
☐ Other ______	0	1	2	3	0	1	2	3
☐ Other ______	0	1	2	3	0	1	2	3

1 Were the range of options available presented at the meeting prior to discussing individual alternatives?

☐ No

10a ☐ Yes ⟶ How Many?

☐ All possible ☐ Several (List: ______________________________
____
______________________________)

0b How?

☐ Orally ☐ In writing ☐ Both

0c Were options presented along a continuum of restrictiveness?

☐ Yes ☐ No

VI Options Considered

List	Serious Contender(s) (Check all that apply)	Who favored? (use codes)

11. Was there any mention of "least restrictive"?

☐ Yes ☐ No

12. Was there any mention of "mainstream," "mainstreaming," etc.?

☐ Yes ☐ No

13. Were possible placements considered?

☐ No
☐ Yes

	Extent of Discussion				Extent of Disagreement			
	None			Extensive	None			Much
13a. Was restrictiveness discussed in evaluating options? ☐ Yes ☐ No	0	1	2	3	0	1	2	3

13b. → How was restrictiveness determined?

☐ Time with non-handicapped peers
☐ School would normally attend
☐ Procedures for normalization
☐ On continuum of services
☐ Most like regular education
☐ ____________________
☐ ____________________
☐ ____________________

14. Was there any discussion of providing child with opportunities for interaction with the non-handicapped?	0	1	2	3	0	1	2	3

☐ Yes ☐ No

4a. → Where?

☐ In class
☐ In building
☐ On grounds
☐ Off campus
☐ Where not discussed

Source: ☐☐☐

4b. → For What?

☐ Academic subjects, all
☐ Academic subjects, some
☐ Art
☐ Music
☐ Physical Education
☐ Lunch, recess, or assembly
☐ Extra-curricular activities
☐ ____________________
☐ ____________________
☐ ____________________

Source: ☐☐☐

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. Placement Decision

☐ All aspects of placement decided at a previous meeting (Go on to page 14).

. Was there a consensus that the child could be appropriately placed in an existing placement within the district?

Source:

☐ Yes ☐ No ☐ Not applicable ☐☐☐

5a. Were extra-district options considered? ☐☐☐

☐ Yes ☐ No

5b. Were new options created or recommended? ☐☐☐

☐ Yes ☐ No

. Were additional classes within existing options opened? ☐☐☐

☐ Yes ☐ No

. Were existing options/classes supplemented? ☐☐☐

☐ Yes ☐ No

. If none of the above or, if necessary, elaborate: ____________________

____

____

Were team members asked for their comments on the proposed placement?

☐ No ☐ Yes

CATEGORIZE THE LEVEL OF DECISION-MAKING

	Generic	Type	Building	Class
Not applicable				
No decision				
Assumption				
1 Recommended				
More than 1 Recommended				
Final Decision				

Code

If no decision of any sort was made go on to page 14.

Source: ☐☐☐

17. Was a rationale presented for the placement decision/recommendation?

☐ No

17a. ☐ Yes ⟶ By Whom? ____________________

17b. How? ☐ In writing ☐ Orally ☐ Both

17c. What was the rationale? ____________________

____

____

17d. What criteria were presented in the rationale? __________

____

____

.8. How did the PT reach a decision/recommendation for placement?

☐ By group consensus (no tally)

☐ By formal vote of all present (a tally was taken)

☐ By formal vote of some present

18a. ⟶ Who was excluded from the vote? (Use codes: ____________________)

13b. Why were they excluded? ____________________

____

____

19. Was there any disagreement with the placement decision/recommendation?

☐ No ☐ Yes

19a. ⟶ Who disagreed with placement decision? (Use codes: ____________

____

.9b. If a vote was taken and not all members vote, circle voting members)

.9c. Was the dissenting opinion(s) recorded?

☐ Yes ☐ No

What were the dissenting opinions? ____________________

____

____

225

0. Are regular education supplementary services (e.g., Title I remedial reading) to be used to augment the special education program in the next placement?

☐ No mention made of regular education supplementary services

☐ Mentioned and rejected

☐ Mentioned but not specified

☐ Yes (Specify services: ________________________________

____

____

. Were criteria for movement from the recommended placement discussed?

☐ No ☐ Yes ☐ Not Applicable

. → How? ☐ In writing ☐ Orally ☐ Both

11b. What were they? ________________________________

____

____

Was there any discussion of short term monitoring?

☐ No ☐ Yes ☐ Not Applicable

→ Were any provisions made for the short term monitoring of the appropriateness of the placement?

2a. ☐ No ☐ Yes

→ What provisions? ________________________________

____

____

____

.

VIII. Extra-Ordinary Practices

Describe in detail any procedures, approaches, suggestions which were:

- unusual
- well-received by the group
- facilitated the exchange of information and decision-making
- provided for a less restrictive placement
- thoroughly involved parents in the process
- evidenced creative problem-solving
- etc.

IX. Parent Participation

Source:

23. Were parents present?

☐ No, → Go on to next page.

☐ Yes, for the entire meeting

23a. ☐ Yes, for part of the meeting → Why left? ☐☐☐

☐ Chose to leave

☐ Asked to leave

24. Were parents made aware of the options available for their child? ☐☐☐

☐ Yes, at a previous time }

24a. ☐ Yes, at this meeting } → How many options? ☐☐☐

☐ No

☐ All possible

☐ Some (List) ____________________

____

____

25. Were parents provided with an opportunity to see the child's folder? ☐☐☐

☐ No ☐ Yes

25a. → When? (Check all) ☐☐☐

☐ Before meeting

☐ During meeting

☐ After meeting

26. Was parental participation encouraged? ☐☐☐

☐ Yes

☐ No

26a. → How? (Check all that apply) ☐☐☐

_____ a formal welcome was made to the parents

_____ an overview of the sequence and/or purpose of the meeting was given

_____ parents were introduced to participants

_____ parents were asked to contribute information about the child

_____ parents were asked their feelings about proposed placements

_____ parents were given positive reinforcement for their comments

_____ Other ____

_____ Other ____

27. Were parents asked to sign anything? ☐☐☐

☐ No ☐ Yes

→ Was an explanation provided to them of what they were signing?

27a. ☐ No ☐ Yes ☐☐☐

→ Describe ____________________

____

____

____

28. Were parents satisfied with the placement decision? ☐☐☐

☐ No ☐ Yes

29. Rank the extent of parent participation

Very Little				Extensive
1	2	3	4	5

X. Student Participation

Source:

30. Was student present?

☐ No, → Go to next page.

☐ Yes, for the entire meeting

30a. ☐ Yes, for part of the meeting → Why left?

☐ Chose to leave

☐ Asked to leave

31. Was student made aware of the options available for him/her?

31a.

☐ Yes, at a previous time
☐ Yes, at this meeting

} → How many options?

☐ All possible

☐ Some (List) ____________

☐ No

32. Was student provided with an opportunity to see his/her own folder?

☐ No

☐ Yes

32a. → When? (Check all)

☐ Before meeting

☐ During meeting

☐ After meeting

33. Was student participation encouraged?

☐ Yes

☐ No

33a. → How? (Check all that apply)

_____ a formal welcome was made to the student

_____ an overview of the sequence and/or purpose of the meeting was given

_____ student was introduced to participants

_____ student was asked to contribute information about him/herself

_____ student was asked his/her feelings about proposed placements

_____ student was given positive reinforcement for his/her comments

_____ Other ____________

_____ Other ____________

34. Was the student asked to sign anything?

☐ No

☐ Yes

34a. → Was an explanation provided to him/her of what he/she was signing?

☐ No

☐ Yes

→ Describe ____________

35. Was the student satisfied with the placement decision?

☐ No

☐ Yes

36. Rank the extent of student participation

Very Little 1 2 3 4 5 Extensive

Meeting Summary

Which of the following were discussed/occurred at this meeting?
(Divide 100 points among the boxes.)

☐ Presentation of test scores

☐ Presentation of information related to the student's social/emotional needs, strengths

☐ Presentation of information related to the student's academic needs, strengths

☐ Presentation of other information about student

☐ Discussion of eligibility for special education → Decision/Recommendation on eligibility ☐ Yes ☐ No

☐ Discussion of possible placement(s) → Decision/Recommendation ☐ Yes ☐ No

☐ Discussion of general educational goals and objectives

☐ Discussion of specific goals and objectives → IEP written? ☐ Yes ☐ No

☐ Recommendation of specific instructional methods, classes, etc.

☐ Discussion of plan for evaluation of progress after placement

☐ Other ______________________________

____

Case Information Sheet

ID No.: ☐ ☐ ☐ 1 ☐ ☐

Observer No. 1: ☐ ☐

Observer No. 2: ☐ ☐

Date: ______________________

1. Child's age ☐ ☐
2. Child's grade ☐ ☐ ☐ Not applicable, not appropriate
3. Sex of child: ☐ Male ☐ Female
4. Race/Ethnic Group: ☐ Black ☐ Hispanic ☐ Other Minority ☐ Non-Minority
5. Type of Case: ☐ Scheduled Re-evaluation
   ☐ Re-evaluation for change in placement
   ☐ Initial referral
   Source of referral ______________________ Date of referral __________
6. Present Placement: ______________________
7. Primary Disability (code 1 for primary; code 2 for any others):

☐ Mental Retardation
☐ Hard of Hearing
☐ Deaf
☐ Speech Impaired
☐ Visually Handicapped

☐ Seriously Emotionally Disturbed
☐ Orthopedically Impaired
☐ Health Impaired
☐ Specific Learning Disability
☐ Non-categorical

8. Why was this case selected? (Check all that apply)

☐ Child is severely handicapped
☐ Child is blind, deaf, or seriously emotionally disturbed
☐ To balance the number of initial referrals and re-evaluations
☐ To balance grade level distribution

☐ To balance distribution of handicapping conditions
☐ Placement is likely to be an issue
☐ One of the first cases selected in LEA
☐ Other (Specify): ______________________

WRITTEN RECORD REVIEW

(To be completed once--after the evaluation is completed. Use the file circulated among the team members.)

General Contents (Check all included)

☐ Placements to date
☐ Grades/Report Cards
☐ General progress/subject areas summaries from prior years
☐ Achievement test results from prior years
☐ Social history (78-79)
☐ Psychological evaluation (78-79) → Complete "Tests"
☐ Clinical evaluation (78-79) → Complete "Tests"
☐ Medical Report (78-78)
☐ Teacher Reports (78-79)
☐ Social history (pre Sept. 78)
☐ Psychological evaluation (pre Sept. 78)
☐ Clinical evaluation (pre Sept. 78)
☐ Medical Report (pre Sept. 78)
☐ Teacher Reports (pre Sept. 78)
☐ Specific goals and objectives (78-79)
☐ General goals and objectives (78-79)
☐ Specific goals and objectives (pre Sept. 78-79)
☐ General goals and objectives (pre Sept. 78)
☐ Reports from previous placement meetings
☐ Other ______________________________
☐ ______________________________
☐ ______________________________

Test Administered

☐ General Achievement Tests
  ☐ ______________________________
  ☐ ______________________________
  ☐ ______________________________
  ☐ ______________________________

☐ Reading Achievement Tests

General Achievement Tests

☐ American School Achievement Test
☐ Basic Concept Inventory
☐ Behavioral Skills Inventory (BSI)
☐ Boehm Test of Basic Concepts
☐ California Test of Basic Skills (CTBS)
☐ Colorado Braille Battery: Literary Code Tests
☐ Comprehensive Test of Basic Skills
☐ Denver Developmental Screening Test
☐ Fairview Development Scale for the Mentally Retarded
☐ Iowa-Every-Pupil Test of Basic Skills
☐ Iowa Tests of Basic Skills (ITBS)
☐ Kindergarten Evaluation of Learning Potential (KELP)
☐ Metropolitan Achievement Test (MAT)
☐ National Achievement Tests
☐ Peabody Individual Achievement Series
☐ Peabody Individual Achievement Test (PIAT)
☐ Performance Profile for the Young Moderately and Mildly Retarded
☐ Psychoeducational Inventory of Basic Learning Abilities (Vallett)
☐ SRA Achievement Series
☐ Stanford Achievement Test
☐ Stanford Early Achievement Test
☐ TMR Performance Profile for the Severely and Moderately Retarded
☐ Tests of Academic Progress (TAP)
☐ The Gray-Votaw Rogers General Achievement Tests
☐ The Public School Achievement Test
☐ Tooze Braille Speed Test: A Test of Basic Ability in Reading Braille
☐ Wide Range Achievement Test (WRAT)
☐ Other ______________________

____

Reading Achievement Tests

☐ American School Achievement Tests
☐ Botel Reading Inventory
☐ California Reading Test
☐ Cognitive Abilities Test (CAT)
☐ Comprehensive Tests of Basic Skills (CTBS): Reading
☐ Durrell-Sullivan Reading Capacity and Achievement Tests
☐ Gates MacGinitie Reading Test
☐ Gilmore Oral Reading Tests
☐ Iowa Silent Reading Test
☐ Iowa Test of Basic Skills (ITBS): Reading
☐ Kelley-Greene Reading Comprehension Test
☐ Lee-Clark Reading Test
☐ Metropolitan Achievement Tests: Reading
☐ National Achievement Tests: Reading Comprehension
☐ Primary Reading Test: Acorn Achievement Tests
☐ SRA - Achievement Series: Reading
☐ Sequential Tests of Educational Progress: Reading
-- Diagnostic Reading Tests
  ☐ The Pressey Diagnostic Reading Test
  ☐ California Phonics Survey
  ☐ The Cooper-McGuire Diagnostic Word Analysis Survey
  ☐ Diagnostic Reading Test: Pupil Progress Series
  ☐ Durrell Analysis of Reading Difficulty
  ☐ Gates McKillop Reading Diagnostic Tests
  ☐ Gray - Oral Reading Tests
☐ Stanford Reading Test
☐ Thorndike-Lorge Reading Test
☐ Van Wagenen Comprehensive Reading Scales
☐ Wide Range Achievement Tests: Reading
☐ Woodcock Reading Mastery Test
☐ Other ______________________

____

Intelligence Tests

☐ American School Intelligence Scale
☐ Arthur Point Scale of Performance Tests
☐ Bayley Scales of Infant Development
☐ California Test of Mental Maturity (CTMM)
☐ Cattell Intelligence Test
☐ Chicago Tests of Primary Mental Abilities
☐ Columbia Test of Mental Maturity (CTMM)
☐ Cornell-Coxe Performance Scale
☐ Davis-Eells Test of Intelligence or Problem Solving Ability
☐ Detroit Tests of Learning Aptitude
☐ Goodenough-Harris Drawing Test
☐ Henmon-Nelson Tests of Mental Ability
☐ Hiskey - Nebraska Test of Learning Aptitudes
☐ Kuhlmann-Anderson Intelligence Tests
☐ Kuhlmann-Finch Intelligence Tests
☐ Leiter International Performance Scale, Arthur Adaptation
☐ McCarthy Scales of Children's Abilities
☐ Minnesota Pre-School Scale
☐ Non-Language Test of Verbal Intelligence
☐ Non-Readers Intelligence Test
☐ Non-Verbal Intelligence Tests for Deaf and Hearing Subjects
☐ Revised Stanford-Binet Scale, Form L-M
☐ Revised Wechsler Intelligence Scale for Children (WISC-R)
☐ Slosson Intelligence Test
☐ The Ohwaki Tactile Block Design Intelligence Test for the Blind
☐ Wechsler Pre-School and Primary Scale of Intelligence (WPPSI)
☐ Williams Intelligence Test for Children with Defective Vision
☐ Other ______________________

____

Math Achievement Tests

☐ ACER Mathematic Tests
☐ American School Achievement Test: Arithmetic
☐ California Achievement Tests: Mathematics Skills
☐ Comprehensive Test of Basic Skills: Arithmetic
☐ Cooperative Primary Test: Mathematics
☐ Iowa Test of Basic Skills: Arithmetic Skills
☐ Jr. High School Mathematics Test: Acorn Achievement Series
☐ Key Math
☐ Mathematic Attainment Tests
☐ Mathematics Test: McGraw Hill Basic Skills System
☐ Metropolitan Achievement Test: Aritimetic
☐ Prescriptive Mathematics Inventory Interim Evaluation Tests
☐ Primary Mathematics Survey Test
☐ SRA Achievement Series in Arithmetic
☐ Stanford Achievement Tests: Aritimetic Tests
☐ Tests of Academic Progress: Mathematics
☐ The Sequential Test of Educational Progress: Math
☐ Wide Range Achievement Test: Math Skills Test
☐ Other ____________________

____

Perceptual Motor Tests

☐ Ayre Space Test
☐ Beery Developmental Test of Visual Motor Integration (DTVMI)
☐ Bender-Visual-Motor Gestalt Test
☐ Benton Visual Retention Test
☐ Chicago Test of Visual Discrimination
☐ Frostig Development Test of Visual Perception
☐ Harris Test of Lateral Dominance
☐ Kephart Perceptual - Motor Rating Chart
☐ Motor-free Test of Visual Perception
☐ Perceptual Achievement Forms Test
☐ Perceptual Survey Rating Scale
☐ Primary Visual - Motor Test
☐ Purdue Perceptual Motor Survey
☐ Raven's Coloured Progressive Matrices
☐ Slingerland Screening Test for Identifying Children with Learning Disabilities
☐ Slosson Drawing Coordination Test
☐ Southern California Figure Ground Visual Perception Test
☐ Other ____________________

____

Speech and Language Tests

☐ Arizona Articulation Proficiency Scale
☐ Boston Speech-Sound Discrimination Test
☐ Carrow Test for Auditory Comprehension of Language
☐ Deep Test of Articulation
☐ Experiment Test of Comprehension and Linguistic Structure
☐ Fisher Logeman Test of Articulation
☐ Full Range Picture Vocabulary Test
☐ Goldman-Fristoe Test of Articulation
☐ Houston Test of Language Development
☐ Illinois Test of Psycholinguistic Abilities (ITPA)
☐ McDonald Screening and Deep Tests of Articulation
☐ Mecham Verbal Language Development Scale
☐ Northwestern Syntax Screening Test
☐ Parsons Language Sample Test
☐ Peabody Picture Vocabulary Test (PPVT)
☐ Test of Auditory Comprehension of Language
☐ The Riley Articulation and Language Test, Rev.
☐ The Templin-Darley Tests of Articulation
☐ The Utah Test of Language Development
☐ The Verbal Language Test
☐ Other ____________________

____

Diagnostic Tests

- Motor

☐ Developmental Test of Motor Integration
☐ Devereux Test of Extremity Coordination
☐ Lovell Hand-Eye Coordination Tests
☐ Minnesota Rate of Manipulation Test
☐ Osertsky-Motor Proficiency Test
☐ Southern California Kinesthesia and Tactile Perception Tests
☐ Southern California Motor Accuracy Test
☐ Test of Motor Impairment
☐ The Rail Walking Test
☐ The Teaching Research Motor-Development Scale

- Visual

☐ A-B-C Vision Test for Ocular Dominance
☐ Barroga Visual Efficiency Scale
☐ Keystone Tests of Binocular Vision Skills
☐ MKM Monocular and Binocular Vision Reading Test
☐ Sheridan-Gardiner Test of Visual Acuity
☐ Stycar Vision Test
☐ The 3-D Test of Visualization Skill
☐ The Atlantic City Eye Test
☐ The Farnsworth-Munsell 100 Hue-Test for the Examination of Color Vision Discrimination
☐ Titmus Vision Test

Diagnostic Tests (continued)

- Hearing

☐ Ambco Audiometers Test
☐ Auditory Discrimination Test
☐ Auditory Perception Tests
  ☐ Irwin Sound Discrimination Test
  ☐ Templin Sound Discrimination Test
  ☐ Wepman Auditory Discrimination Test
☐ Belton Audiometer Tests
☐ Goldman-Fristoe Woodcock Test of Auditory Discrimination
☐ Lindamood Auditory Conceptualization Test
☐ New-Group Pure Tone Hearing Tests
☐ Stycar Hearing Tests
☐ The Flowers-Costello Tests of Central Auditory Abilities
☐ The Massachusetts Hearing Tests
☐ The Ohio Tests of Articulation and Perception of Sounds

- Other

☐ Bayley Scales of Infant Development
☐ Callier-Azusa Scale
☐ Denver Developmental Screening Test (DDST)
☐ Diagnostic Indicators of Learning (DIAL)
☐ Learning Accomplishment Profile - Diagnostic Edition (LAP-D)
☐ Maxfield-Buckholz Developmental Scale for Blind Preschoolers
☐ McCarthy Scales of Childrens' Abilities

Diagnostic Tests (continued)

☐ Metropolitan Reading Readiness Test
☐ Minnesota Test for Differential Diagnosis of Aphasia
☐ Murphy-Durrell Reading Readiness Analysis
☐ Petersen
☐ Slingerland Tests for Identifying Children with Specific Learning Disabilities
☐ System of Multicultural Pluralistic Assessment (SOMPA)
☐ Trainable Mentally Handicapped Profile
☐ Other ______________________

____

Personality Tests/ General Clinical Evaluations

☐ Adaptive Behavior Scales
  ☐ AAMD Adaptive Behavior Scale
  ☐ Target Behavior Scale
  ☐ Walker Problem Behavior Identification Checklist
  ☐ Other ______________________
  ____
☐ Bender-Gastalt Test for Young Children
☐ Burke Categories for Quantifying the Play-Therapy Process
☐ California Preschool Social Competency Scale
☐ California Psychological Inventory
☐ California Test of Personality
☐ Children's Apperception Test (CAT)
☐ Children's Embedded Figures Test
☐ The Self Concept as a Learner Scale
☐ Coopersmith Self Esteem Inventory
☐ Devereux Child Behavior Rating Scale
☐ Devereux Elementary School Behavior Rating Scale
☐ Early School Personality Questionnaire
☐ Graphoscopic Scale: A Projective Psychodiagnostic Method (PGS)
☐ Hidden Figures Test (6-16)
☐ Holtzman Inkblot Test
☐ House-Tree-Person (HTP) Test
☐ Human Figure Drawing Test
☐ Jr. Sr. High Personality Questionnaire
☐ Kent-Rosanoff Free Association Test
☐ Kinetic Family Drawing (KFD)

Personality Tests/ General Clinical Evaluations (continued)

☐ Machover Draw-A-Person Test
☐ Minnesota-Percepto-Diagnostic Test
☐ Minnesota Personality Profile
☐ Pickford Projective Pictures
☐ Quay-Peterson Behavior Problem Checklist
☐ Rosenweig Picture Frustration Test: Form for Children
☐ Tennessee Self Concept Scale
☐ The Adjective Check Lists
☐ The Bealer Children's Locus of Control Scale
☐ The Elizur Test of Psycho-Organicity for Children and Adults
☐ The Picture World Test
☐ The Piers-Harris Children's Self Concept Scale
☐ The Rorschach Test or Rorschach Inkblot Test
☐ The Self Concept as a Learner Scale
☐ The Seven Squares Test
☐ The Thomas Self Concept Values Test
☐ Thematic Apperception Test (TAT)
☐ Torrence Tests of Creative Thinking Ability
☐ Vineland Social Maturity Scale
☐ Other ______________________
____

Vocational Tests

☐ Academic-Technical Aptitude Tests
☐ Assessment of Career Development Test
☐ Attitude-Interest Analysis Test
☐ Bennett Mechanical Comprehension Test
☐ Career Guidance
☐ Career Maturity Inventory
☐ Chattergi's Non-Language Preference Record
☐ Clerical Aptitude Test
☐ Cox Mechanical and Manual Tests
☐ Detroit Mechanical Aptitude Examination
☐ Flanagan Aptitude Classification Test
☐ Geist Pictures Interest Inventory: Deaf Form
☐ General Aptitude Text Battery
☐ Hall Occupational Interest Survey
☐ Inventory of Vocational Interests: Acorn National Aptitude Tests
☐ Kuder General Interest Survey
☐ Kuder Preference Record: Vocational
☐ Occupational Interest Survey
☐ SRA Clerical Aptitudes Test
☐ The Dailey Vocational Test
☐ The Jastak-King Work Sample Test
☐ The Vocational Planning Inventory
☐ Vocational Interest and Sophistication Assessment (for Retarded Adolescents)
☐ Wide Range Employment Sample Test
☐ Other ______________________
____

Aptitude Tests

☐ Abstract Reasoning: Differential Aptitude Test

☐ Academic Aptitude Test

☐ Acorn National Aptitude Test

☐ Analysis of Learning Potential Test

☐ Boehm Tests of Basic Concepts

☐ Cognitive Abilities Test

☐ Cooperative Primary Tests

☐ Dennis Test of Scholastic Aptitude

☐ Detroit Tests of Learning Inventory

☐ General Aptitude Test Battery

☐ Gilliland Learning Potential Examination

☐ Henmon-Nelson Tests of Mental Ability

☐ Illinois Index of Scholastic Aptitude

☐ Jr. Scholastic Aptitude Test

☐ Kuhlmann-Anderson Measure of Academic Potential

☐ Metropolitan Readiness Tests

☐ SRA High School Placement Tests

☐ SRA Primary Mental Abilities Test

☐ STS Educational Developmental Series: Scholastic Aptitude Tests

☐ Screening Test of Academic Readiness

☐ Test of General Abilities

☐ Other: ______________________

____

Case Summary Sheet

Date (since September 1975)	Action	Outcome

Narrative Summary of Case:

241

General Instructions for Decision Charts

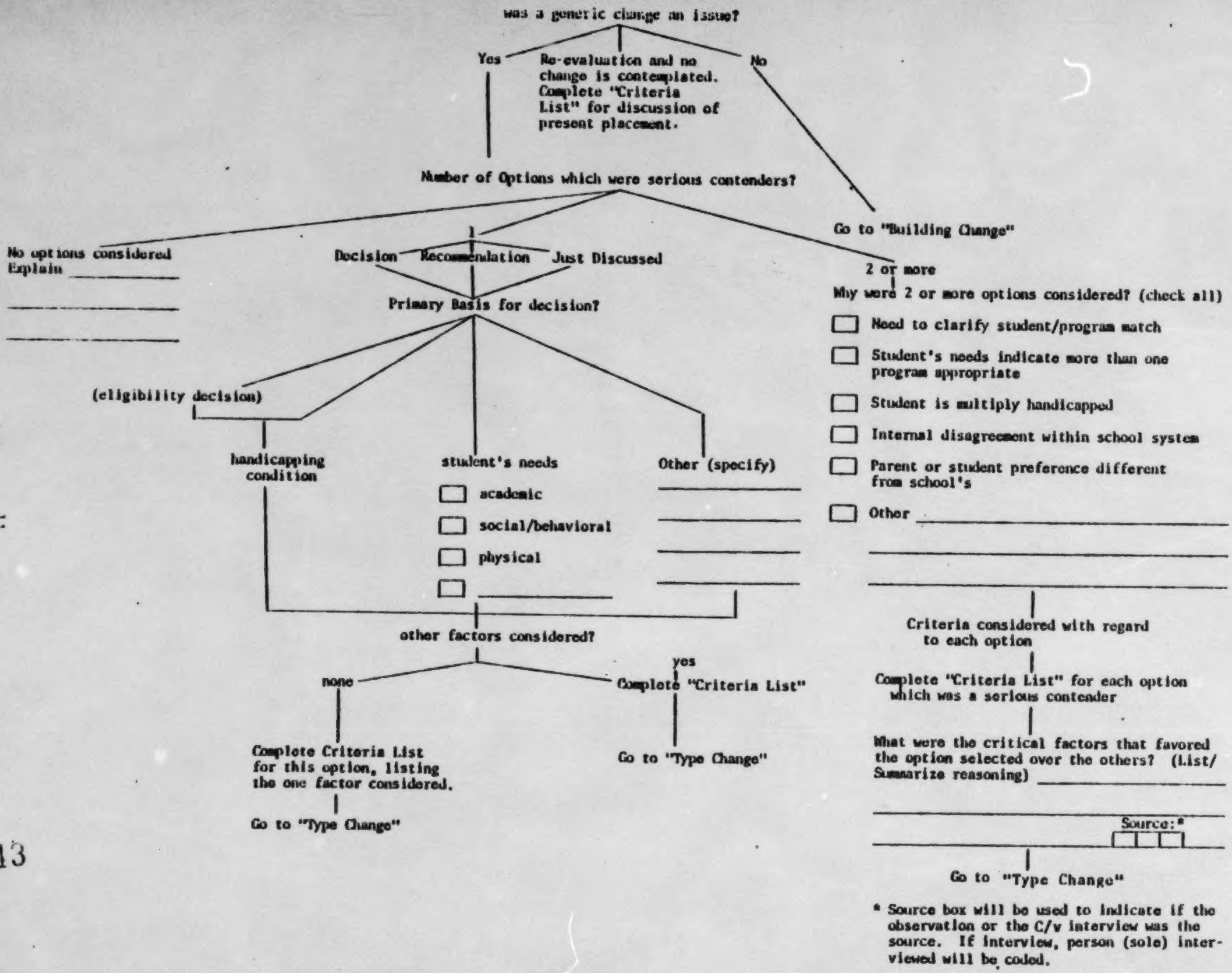
Work through each of the four pages for each case circling the appropriate response. These sheets are to represent the sum total of the decision-making over all the meeting on a case. (See Training Manual.)

If student is an initial referral with no prior placements, i.e., entering student, or a transfer student from another district, substitute the word "decision" for "change" in the "was a __________ change an issue?" and complete the questions.

If there is no branch that is appropriate for the decision you observed, add a branch and label it, being consistent with terminology used. Only alter the charts when it is absolutely necessary.

When you have worked through the chart, you should have completed a criteria list for each generic, type, building, and class option considered. The number of lists will vary with the case. If the generic, type, building and class were all the same discussion/decision (e.g., Mrs. Apple's Self-Contained ED Class at Trenton Elementary School), then one chart would suffice. If more than one option was considered within those levels and/or the generic discussion was distinct from the type discussion, you will need to complete more charts.

Should it happen that you work through the decision charts and have not completed a criteria list for each of the separate decisions made and options considered, please complete criteria list for the missing elements.



Was a generic change an issue?

Yes

Re-evaluation and no change is contemplated. Complete "Criteria List" for discussion of present placement.

No

Go to "Building Change"

Number of Options which were serious contenders?

No options considered
Explain ______________
____
____

1

Decision

Recommendation

Just Discussed

Primary Basis for decision?

(eligibility decision)

handicapping condition

student's needs

☐ academic

☐ social/behavioral

☐ physical

☐ ______________

Other (specify)
____
____
____
____

other factors considered?

none

Complete Criteria List for this option, listing the one factor considered.

Go to "Type Change"

yes

Complete "Criteria List"

Go to "Type Change"

2 or more

Why were 2 or more options considered? (check all)

☐ Need to clarify student/program match

☐ Student's needs indicate more than one program appropriate

☐ Student is multiply handicapped

☐ Internal disagreement within school system

☐ Parent or student preference different from school's

☐ Other ______________
____
____

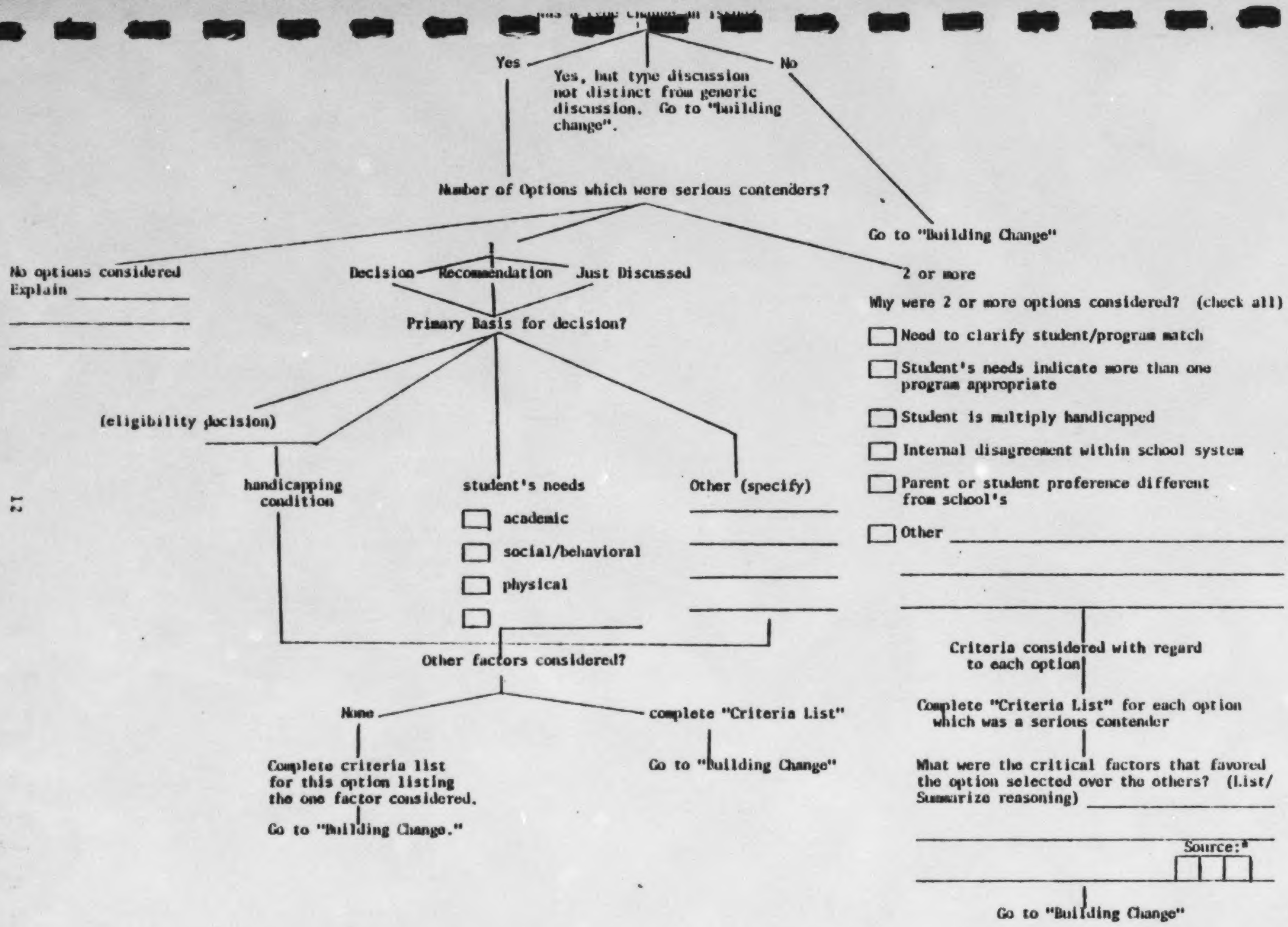
Criteria considered with regard to each option

Complete "Criteria List" for each option which was a serious contender

What were the critical factors that favored the option selected over the others? (List/Summarize reasoning) ______________
____
______________ Source:* ☐☐☐

Go to "Type Change"

* Source box will be used to indicate if the observation or the C/v interview was the source. If interview, person (sole) interviewed will be coded.



Was a type change an issue?

Yes

Yes, but type discussion not distinct from generic discussion. Go to "building change".

No

Go to "Building Change"

Number of Options which were serious contenders?

No options considered
Explain ____________
____
____

1

Decision

Recommendation

Just Discussed

Primary Basis for decision?

(eligibility decision)

handicapping condition

student's needs

☐ academic
☐ social/behavioral
☐ physical
☐ ____________

Other (specify)
____
____
____
____

Other factors considered?

None

Complete criteria list for this option listing the one factor considered.

Go to "Building Change."

complete "Criteria List"

Go to "Building Change"

2 or more

Why were 2 or more options considered? (check all)

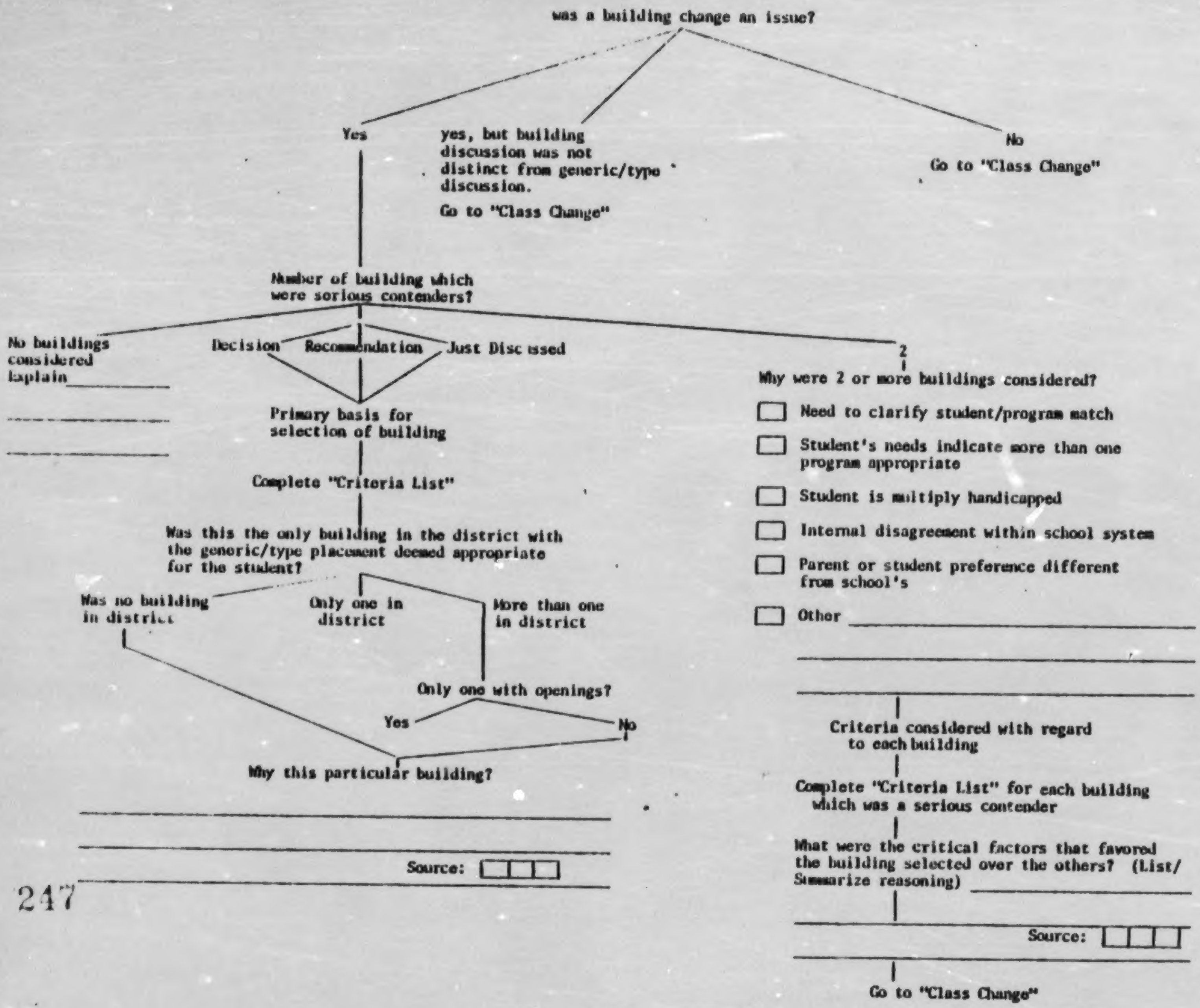
☐ Need to clarify student/program match
☐ Student's needs indicate more than one program appropriate
☐ Student is multiply handicapped
☐ Internal disagreement within school system
☐ Parent or student preference different from school's
☐ Other ____________
____
____

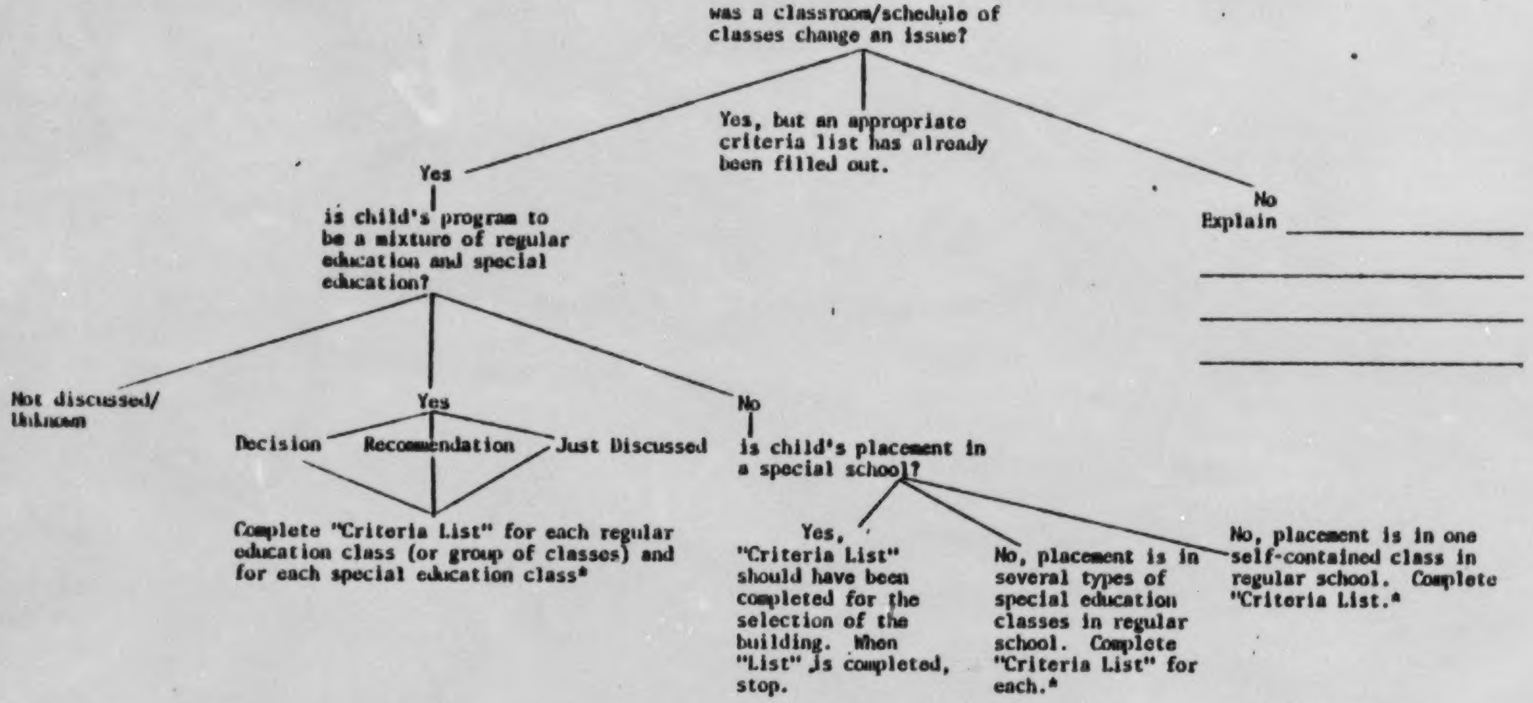
Criteria considered with regard to each option

Complete "Criteria List" for each option which was a serious contender

What were the critical factors that favored the option selected over the others? (List/Summarize reasoning) ____________
____
____________ Source:* ☐☐☐

Go to "Building Change"


was a building change an issue?
Yes
yes, but building discussion was not distinct from generic/type discussion.
Go to "Class Change"
No
Go to "Class Change"
Number of building which were serious contenders?
No buildings considered Explain
Decision
Recommendation
Just Discussed
2
Primary basis for selection of building
Complete "Criteria List"
Was this the only building in the district with the generic/type placement deemed appropriate for the student?
Was no building in district
Only one in district
More than one in district
Only one with openings?
Yes
No
Why this particular building?
Source: ☐☐☐
Why were 2 or more buildings considered?
☐ Need to clarify student/program match
☐ Student's needs indicate more than one program appropriate
☐ Student is multiply handicapped
☐ Internal disagreement within school system
☐ Parent or student preference different from school's
☐ Other
Criteria considered with regard to each building
Complete "Criteria List" for each building which was a serious contender
What were the critical factors that favored the building selected over the others? (List/Summarize reasoning)
Source: ☐☐☐
Go to "Class Change"



was a classroom/schedule of classes change an issue?

Yes

is child's program to be a mixture of regular education and special education?

Not discussed/ Unknown

Yes

Decision

Recommendation

Just Discussed

Complete "Criteria List" for each regular education class (or group of classes) and for each special education class*

No

is child's placement in a special school?

Yes, "Criteria List" should have been completed for the selection of the building. When "List" is completed, stop.

No, placement is in several types of special education classes in regular school. Complete "Criteria List" for each.*

No, placement is in one self-contained class in regular school. Complete "Criteria List."*

Yes, but an appropriate criteria list has already been filled out.

No

Explain

*If the class selected is the only one in the building and/or the building or generic decision is identical to the class decision, indicate on the criteria list.

Criteria List

Placement Option: ____

Source: ☐☐☐

Level of Specificity: Generic Type Specific Building Some Specific Classes Entire Class Schedule Specific Class

- ☐ Student's academic needs
- ☐ Student's social/behavioral needs
- ☐ Student's physical needs/attributes
- ☐ Handicapping condition
- ☐ Performance in present placement
- ☐ Performance in past placements
- ☐ Test results
- ☐ Transportation
- ☐ Proximity to student's home
- ☐ Cost
- ☐ Openings
- ☐ Non-existence of placements in district
- ☐ Non-existence of placements outside of district
- ☐ Availability of supplementary services
- ☐ Availability of aides
- ☐ Program characteristics
- ☐ Staff attributes
- ☐ Classmate attributes
- ☐ Student preference
- ☐ Family preference
- ☐ School system preference
- ☐ Family/home conditions
- ☐ Recommendation from non-district specialist
- ☐ Impact on family
- ☐ Stigma
- ☐ Physical harm to others
- ☐ Physical harm to child
- ☐ Educational harm to others
- ☐ Educational harm to child
- ☐ Other harm to others
- ☐ Other harm to child
- ☐ Loss of mobility
- ☐ Long term effects
- ☐ Restrictiveness
- ☐ Other ____________________________

Comments:

Clarified through follow-up questions?

☐ Yes ☐ No

Criteria List

Placement Option: ____________________

Source: ☐ ☐ ☐

Level of Specificity: Generic Type Specific Building Some Specific Classes Entire Class Schedule Specific Class

- ☐ Student's academic needs
- ☐ Student's social/behavioral needs
- ☐ Student's physical needs/attributes
- ☐ Handicapping condition
- ☐ Performance in present placement
- ☐ Performance in past placements
- ☐ Test results
- ☐ Transportation
- ☐ Proximity to student's home
- ☐ Cost
- ☐ Openings
- ☐ Non-existence of placements in district
- ☐ Non-existence of placements outside of district
- ☐ Availability of supplementary services
- ☐ Availability of aides
- ☐ Program characteristics
- ☐ Staff attributes
- ☐ Classmate attributes
- ☐ Student preference
- ☐ Family preference
- ☐ School system preference
- ☐ Family/home conditions
- ☐ Recommendation from non-district specialist
- ☐ Impact on family
- ☐ Stigma
- ☐ Physical harm to others
- ☐ Physical harm to child
- ☐ Educational harm to others
- ☐ Educational harm to child
- ☐ Other harm to others
- ☐ Other harm to child
- ☐ Loss of mobility
- ☐ Long term effects
- ☐ Restrictiveness
- ☐ Other ____________________

Comments:

Clarified through follow-up questions?

☐ Yes ☐ No

Criteria List

Placement Option: ____________________

Source: ☐☐☐

Level of Specifity: Generic Type Specific Building Some Specific Classes Entire Class Schedule Specific Class

Comments:

- ☐ Student's academic needs
- ☐ Student's social/behavioral needs
- ☐ Student's physical needs/attributes
- ☐ Handicapping condition
- ☐ Performance in present placement
- ☐ Performance in past placements
- ☐ Test results
- ☐ Transportation
- ☐ Proximity to student's home
- ☐ Cost
- ☐ Openings
- ☐ Non-existence of placements in district
- ☐ Non-existence of placements outside of district
- ☐ Availability of supplementary services
- ☐ Availability of aides
- ☐ Program characteristics
- ☐ Staff attributes
- ☐ Classmate attributes
- ☐ Student preference
- ☐ Family preference
- ☐ School system preference
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- ☐ Recommendation from non-district specialist
- ☐ Impact on family
- ☐ Stigma
- ☐ Physical harm to others
- ☐ Physical harm to child
- ☐ Educational harm to others
- ☐ Educational harm to child
- ☐ Other harm to others
- ☐ Other harm to child
- ☐ Loss of mobility
- ☐ Long term effects
- ☐ Restrictiveness
- ☐ Other ____________________

Clarified through follow-up questions?

☐ Yes ☐ No

Criteria List

Placement Option: ____ Source: ☐☐☐

Level of Specificity: Generic Type Specific Building Some Specific Classes Entire Class Schedule Specific Class

Comments: ____

- ☐ Student's academic needs
- ☐ Student's social/behavioral needs
- ☐ Student's physical needs/attributes
- ☐ Handicapping condition
- ☐ Performance in present placement
- ☐ Performance in past placements
- ☐ Test results
- ☐ Transportation.
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- ☐ Family preference
- ☐ School system preference
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- ☐ Physical harm to child
- ☐ Educational harm to others
- ☐ Educational harm to child
- ☐ Other harm to others
- ☐ Other harm to child
- ☐ Loss of mobility
- ☐ Long term effects
- ☐ Restrictiveness
- ☐ Other ________________________________

Clarified through follow-up questions?

☐ Yes ☐ No

Criteria List

Placement Option: ______________________________

Source: ☐☐☐

Level of Specificity: Generic Type Specific Building Some Specific Classes Entire Class Schedule Specific Class

☐ Student's academic needs

☐ Student's social/behavioral needs

☐ Student's physical needs/attributes

☐ Handicapping condition

☐ Performance in present placement

☐ Performance in past placements

☐ Test results

☐ Transportation

☐ Proximity to student's home

☐ Cost

☐ Openings

☐ Non-existence of placements in district

☐ Non-existence of placements outside of district

☐ Availability of supplementary services

☐ Availability of aides

☐ Program characteristics

☐ Staff attributes

☐ Classmate attributes

☐ Student preference

☐ Family preference

☐ School system preference

☐ Family/home conditions

☐ Recommendation from non-district specialist

☐ Impact on family

☐ Stigma

☐ Physical harm to others

☐ Physical harm to child

☐ Educational harm to others

☐ Educational harm to child

☐ Other harm to others

☐ Other harm to child

☐ Loss of mobility

☐ Long term effects

☐ Restrictiveness

☐ Other ______________________________

____

Comments:

Clarified through follow-up questions?

☐ Yes ☐ No

Criteria List

Placement Option: ____________________

Source:

Level of Specificity: Generic Type Specific Building Some Specific Classes Entire Class Schedule Specific Class

Comments:

☐ Student's academic needs
☐ Student's social/behavioral needs
☐ Student's physical needs/attributes
☐ Handicapping condition
☐ Performance in present placement
☐ Performance in past placements
☐ Test results
☐ Transportation
☐ Proximity to student's home
☐ Cost
☐ Openings
☐ Non-existence of placements in district
☐ Non-existence of placements outside of district
☐ Availability of supplementary services
☐ Availability of aides
☐ Program characteristics
☐ Staff attributes
☐ Classmate attributes
☐ Student preference
☐ Family preference
☐ School system preference
☐ Family/home conditions
☐ Recommendation from non-district specialist
☐ Impact on family
☐ Stigma
☐ Physical harm to others
☐ Physical harm to child
☐ Educational harm to others
☐ Educational harm to child
☐ Other harm to others
☐ Other harm to child
☐ Loss of mobility
☐ Long term effects
☐ Restrictiveness
☐ Other ____________________

Clarified through follow-up questions?

☐ Yes ☐ No

Code for Criteria List

blank = not relevant

1 = argued for; positive factor relative to placement

2 = argued against; negative factor

3 = considered; did not argue for or against

4 = disagreement; group did not agree as to whether this was a positive or negative factor

Levels of Specificity

Generic - 1. Regular Class

2. Regular Class with inclass services (to teacher)

3. Regular Class with inclass services (to child)

4. Regular and Resource

5. Self-contained + Regular

6. Self-contained, Regular school campus

7. Self-contained, Special public school

8. Private Day School

9. Residential School, Public

10. Residential School, Private

11. Hospital

12. Homebound

Placement discussed using only generic categories, i.e., one of the twelve listed above

Type - Placement discussed using a type distinction within the 12 categories, e.g., by type of handicapping condition or severity level; "LD self-contained vs. ED self-contained" "school for mildly retarded vs. school for moderately retarded."

Specific Building - Building mentioned by name.

Some specific classes - Some of the student's daily routine is known.

Entire class schedule - All of student's daily routine is known.

Summary of Decision Factors

Why this generic/type category?

Sources ____________________________

Why this building?

Sources ____________________________

Why this class/schedule of classes?

Sources ____________________________

Where was this child placed?

- ☐ Regular Class
- ☐ Regular Class with inclass services (to teacher)
- ☐ Regular Class with inclass services (to child)
- ☐ Regular and Resource
- ☐ Self-contained + Regular
- ☐ Self-contained, Regular school campus
- ☐ Self-contained, Special public school
- ☐ Private Day School
- ☐ Residential School, Public
- ☐ Residential School, Private
- ☐ Hospital
- ☐ Homebound

What was the type of change?

- ☐ No change
- ☐ No prior placement
- ☐ No building change, move to a more restrictive class
- ☐ No building change, move to a less restrictive class
- ☐ No building change, class change but no change in restrictiveness
- ☐ Building change, no change in restrictiveness
- ☐ Building change, move to a more restrictive environment
- ☐ Building change, move to a less restrictive environment

Will child be provided with opportunities for interaction with the non-handicapped?

☐ Yes ☐ No

→ Where?

☐ Attends regular school, regular class all day

☐ Attends regular school, part of day in regular class

☐ Attends regular school, not in any regular education classes but in building with non-handicapped peers

☐ Attends special school on campus with a regular school, not in any regular education classes but with non-handicapped peers for part of school day

☐ Attends special school (separate campus) but with non-handicapped peers for part of school day

☐ Attends residential school (Specify opportunities for interaction: ____________

____

____

____)

→ For what?

☐ Academic subjects, all

☐ Academic subjects, some

☐ Art

☐ Music

☐ Physical education

☐ Lunch, rescess, or assembly

☐ Extra-curricular activities

☐ ____________________

☐ ____________________

☐ ____________________

If this information is not available through observation, elicit through interview after the IEP is developed.

LEA Data Sheet

Source

State____________________ Name of LEA ____________________

Total Population**__________________

☐ urban

☐ suburban

☐ rural

Ethnic Breakdown

_____% Black

_____% Hispanic

_____% Other Minority

_____% Non-Minority

Per Capita income:

____

School-age Population (ages 6-18) ______________

How many students participated in special education and related services? (Use data submitted to SEA for APP application.) Complete attached Table 3.

Number of:

Elementary Schools _________

Junior/Middle Schools _________

High Schools _________

Special Schools _________

(attach names of schools in each category.)

Average Daily Enrollment (Regular Education) _________

Average Daily Attendance (Regular Education) _________

Average Daily Enrollment (Special Education) _________

Average Daily Attendance (Special Education) _________

[How are these figures computed, e.g., is there double counting?]___________

____

____

As of January 1979 the number of out-of-district special education placements. _________________________

Number of out-of-district students provided special education and related services within this district (spend over 50% of their day in your LEA's programs.________________________

**Refer to most recent data available for all questions.

Most Commonly Used Non-District Placements

Non-district Program (Name)	Private	State Operated	Handicapped Population Served	Number Currently Placed	Remaining Placements Available			
					No	Yes	Don't Know	How Many

Are there any extra-district agreements operating?

☐ Yes ☐ No

→ Their nature? (with whom, for what number of children, etc.)

____

____

____

____

Sour

Source

Children Served in Different Placement Options:
(Complete Table 4)

Special Education Staff:
(Complete Tables 2A, 2B, and 2C)

Sour

LEA Finance

Local district expenditure for regular education:

	3-5 years	6-17 years	18-21 years
State			
Local			
Federal			
Other			

Total

Local district expenditure for special education:

	3-5 years	6-17 years	18-21 years
State			
Local			
Federal			
Other			

Total

Does the state reimbursement system carry incentives or disincentives for certain types of placement? ____________________

____

____

____

____

____

____

LEA Placement Policies

(To the maximum extent possible, this form is to be completed based on written materials requested from the LEA. Gaps will be filled through verification/clarification questions addressed to the Director of Special Education, the Placement Coordinator or a representative.)

Materials requested:

Received	Exists, not received	Non-existent	
☐	☐	☐	Manuals detailing placement procedures
☐	☐	☐	Placement Memos
☐	☐	☐	Forms used in placement process
☐	☐	☐	Training manuals related to placement
☐	☐	☐	Evaluation reports examining placement
☐	☐	☐	LEA program plan (submitted to SEA)
☐	☐	☐	Other (specify) ______________________
☐	☐	☐	______________________
☐	☐	☐	______________________

Source

What has been the history of Special Education placement policies in the district? ______________________

Sour

Does LEA have a written LRE policy statement? (distinct from the state's)

☐ Yes ☐ No

Does LEA have a written definition of LRE?

☐ Yes ☐ No

→ What is it? ______________________________

____

____

Does the LEA have written placement procedures?

☐ Yes

☐ No

If yes, who has access to copies of these procedures?

Received copy	Can read on request	
☐	☐	Special Education Administrative/ non-teaching staff
☐	☐	All Special Education staff
☐	☐	Regular Education staff
☐	☐	Parents
☐	☐	Others (specify) ______________________________

→ If no, how are placement procedures communicated?

☐ In-service training

☐ Informally

☐ Other (specify) ______________________________

____

Source

Is there available a written list of LEA placement options?

☐ Yes ☐ No

→ Are these placement options organized and delivered consistent with a continuum of services model?

☐ Yes ☐ No

Who is responsible for follow-up on a case after a placement decision is made? ______

______

______

How is the appropriateness of a placement evaluated (after placement)? ______

______

______

How often are placement decisions reviewed? ______

______

______

How often is a student re-evaluated? ______

______

______

Has the LEA modified existing placements in any way over the last several years? Does the LEA have resources to modify its existing placements? (E.g., adding teacher aids, moving classes, etc.) ______

______

______

Within the LEA are placement policies determined centrally or does each region/school establish its own procedures? ______

______

______

Source

Does LEA have written policies on the following? If so, what are they?

Student participation ______________________________

____

____

Parent participation ______________________________

____

____

Extra-district placement ______________________________

____

____

Private placement ______________________________

____

____

Criteria to be used in evaluating options ______________________________

____

____

Providing opportunities for interaction with non-handicapped (apart from LRE statements) ______________________________

____

____

Criteria for move to less restrictive environment ______________________________

____

____

Due process, appeals ______________________________

____

____

Involvement of medical personnel ______________________________

____

____

Source

Written policy on:

Transfer students (temporary placements) ________________

Criteria for eligibility for handicapping conditions ________________

Source

Are advocacy or parent groups concerned with handicapped children active in the LEA? Which groups and whose interests do they represent? __________

Are professional groups active in the LEA? Have they influenced the development of placement policies? How? __________

Does the LEA consider any of its practices particularly good or atypical? ___

Source

What is the history of Advocacy or Parent Groups working for special education reform?

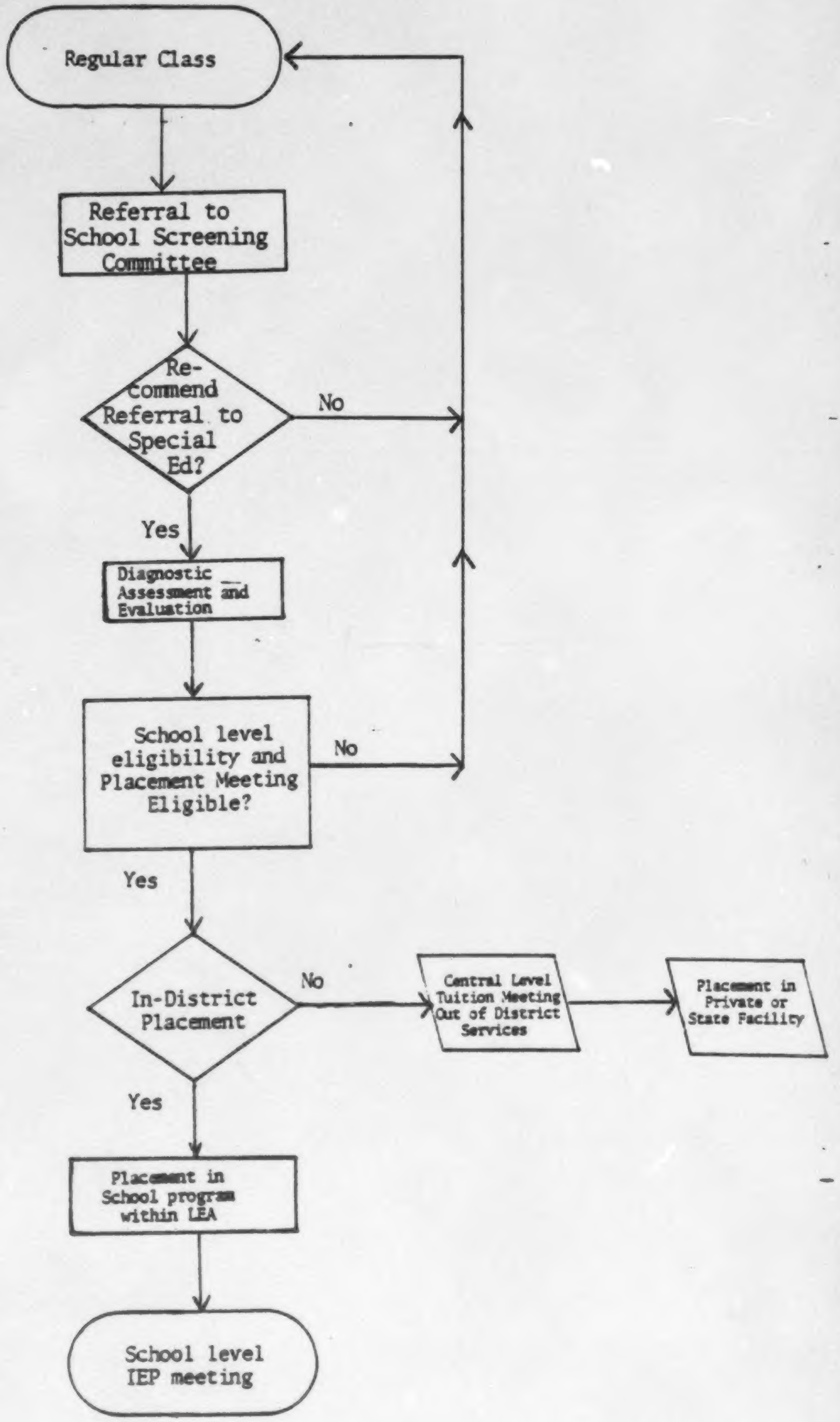
How have professional groups influenced the development of special education policies in the state?

Attach or draw a flowchart outlining the sequence of placement procedures within the district. (See example which follows.) Include if available, time lapse between m-etings, total time allocation, time of meetings, etc.

Source(s): ______________________

____

EXAMPLE OF PLACEMENT PROCEDURES FLOWCHART


Regular Class
Referral to School Screening Committee
Re-commend Referral to Special Ed?
No
Yes
Diagnostic Assessment and Evaluation
School level eligibility and Placement Meeting Eligible?
No
Yes
In-District Placement
No
Central Level Tuition Meeting Out of District Services
Placement in Private or State Facility
Yes
Placement in School program within LEA
School level IEP meeting

List each meeting (by the name used in the LEA) in the referral-to-placement process. Describe its purpose, any information which must be presented/compiled for the meeting and specify any standing committee members by role.

Meeting	Purpose	Information	Members

Source(s): ____________________
____

Attach or draw an organization chart which reflects the special education administrative hierarchy within the LEA. Also indicate the relationship between regular education and special education.

Source: ____________________

____

Source

MONITORING

Does the SEA monitor the LEA? How often?

Does the SEA evaluate the LEA with respect to the LRE provision of the Law?
If yes, what criteria does the SEA use?

Is anyone in the LEA responsible for monitoring placement procedures? Who?
How often? What criteria are used?

Source

TRAINING AND TECHNICAL ASSISTANCE

Has inservice training been provided on determining placement for handicapped students?

☐ Yes ☐ No

→ Why not? ______________________________

→ Describe nature of training (including when, to whom, how often, who provided--the state?) ______________________________

Does the LEA have a need for training related to placement? Who should receive it? ______________________________

Sour

ADDITIONAL CONCERNS

How has the LEA implemented LRE? What barriers have hindered placement in the least restrictive environment appropriate? ______

What does the LEA consider good placement practices? Why? ______

What has facilitated good placement practices? Has the LEA's State taken any actions such as technical assistance, monitoring, funding for special projects, which have been helpful? ______

What is the history of legal activity related to contested educational placements? ______

How many placement decisions have been appealed this year? ______
(percent of total decisions)

Since 1976? ______

Have the appeals concerned private placement? ______

Describe any extra-ordinary policies or practices

Source(s): ______________________

____

SEA Data Form

Source

State ____________________

Total Population** . ____________________

School-age Population (ages 6-18) ____________________

How many students participated in special education and related services? (Attach copies of 1979 APP Table 3.)

Number of LEAs and Intermediate Units in State ____________

Number of LEAs and Intermediate Units which provide special education and related services ____________

Average Daily Enrollment (Regular Education) ____________

Average Daily Attendance (Regular Education) ____________

Average Daily Enrollment (Special Education) ____________

Average Daily Attendance (Special Education) ____________

[How are these figures computed, e.g., is there double-counting? __________

____

____]

How many 89-313 project-based programs are in operation within the state?

____

____

How many children are these programs serving?

	0-2 yrs.	3-5 yrs.	6-17 yrs.	18-21 yrs.
Mentally Retarded				
Learning Disabled				
Emotionally Disturbed				
Other Health Impaired				
Orthopedically Impaired				
Visually Handicapped				
Deaf				
Hard of Hearing				
Speech Impaired				

** Refer to most recent data available for all questions.

Complete the following table.

Source

State Accredited Program	Private	State Operated	Handicapped Population Served	Current Placements Available			
				No	Yes	Don't Know	How Many

How many students are receiving special education and related services out of state? ______________________

Teacher/pupil ratio in Regular Education (use ADE).______________

Children Served in Different Placement Options:
(attach Table 4, APP)

Special Education Staff:
(attach Tables 2A, 2B and 2C)

State Finance

	3-5	6-17	18-21	Source
State-wide expenditure for regular education:				
State				
Local				
Federal				
Other				
Total				
State-wide expenditure for special education:				
State				
Local				
Federal				
Other				
Total				

What is the funding formula used to reimburse local districts for special education?

____

____

____

____

Does the reimbursement system carry any incentives or disincentives for certain types of placement? ____________________

____

____

____

____

Sourc

(To the maximum extent possible, existing State Education Agency documents, such as training manuals, monitoring and reporting forms, procedural guidelines and clarification memoranda, and the AMS Content Analysis of Annual Program Plans will be used to determine the required information. When there is missing information, a follow-up interview will be conducted with the State Director of Special Education or other appropriate SEA staff.)

STATE PLACEMENT POLICIES

What has been the history of Special Education placement policies within the State?

Does the state law contain a provision similar to the LRE provision of P.L. 94-142. If yes, how long has it been in effect?

Has the Least Restrictive Environment component of the law effected state procedures? If yes, how?

Source

Are placement policies determined at the state level and disseminated to the LEAs? Does each LEA develop its own policies? ______________________

____

____

____

____

What kind of special education data does the state collect from the LEA on a regular basis? (Obtain copies of the forms.) ______________________

____

____

____

____

Does the SEA monitor application of the LRE principal to educational placements?

☐ Yes ☐ No ______________________

→ Why not? ______________________

____

→ Is there written policy which details procedures for monitoring?

☐ No ☐ Yes

→ How is SEA monitoring structured?

____

____

____

____

Sour

→Who conducts monitoring site visits?
(Team members? - Specify roles):

→How often are monitoring site visits
conducted?

How does the SEA evaluate the LEA in terms of meeting the LRE provision? (Include criteria specified.)

What action is taken if the LEA does not meet evaluation requirements? Has this ever occurred? Why or why not?

Source

Do state documents include procedures (required or recommended) for evaluating the appropriateness of a student's placement? (After the student is placed)

☐ No ☐ Yes

→ What are the procedures? ____________________

→ List the criteria ____________________

TRAINING AND TECHNICAL ASSISTANCE

Does the state provide T/TA related to determination of educational placement?

☐ No ☐ Yes

→ How are LEA needs determined?

What is the history of Training and Technical Assistance related to Special Education placement sponsored by the SEA?

What type of arrangements exist for provision of T/TA services? What institutions or individuals usually provide T/TA to LEAs? (Roles):

How often has T/TA related to LRE been provided?

Source

Source

Who have been the recipients of the T/TA? How were they selected?

ADDITIONAL CONCERNS

What are barriers to placement in the least restrictive environment appropriate?

What factors facilitate educational placement in the least restrictive environment appropriate?

What is the history of legal activity related to contested educational placements for handicapped students?

APPENDIX C

TRANSCRIPTION OF FIELD STAFF DEBRIEFING

FIRST STATE

Ms. : I started off with my overall impression. The most outstanding thing to me was the staff that we were working with, that they were extremely dedicated. They weren't necessarily always doing the right thing, but they always meant well. And they were also extremely overworked. And I think that's getting in the way of some of the intent of the law. They're just unable to accommodate -- (inaudible).

My state has, I would guess, a continuum. It seems to have available somewhere in the area everything that's listed on the BEH chart.

But they tended to do -- or at least as we saw, there tended to be a list of resource services. That seems to be one of their favorite ways of accommodating students.

Because the districts are very close together, the large and the small district farm out -- the medium and the small districts farm out to the large district. And within the large district, they have four special public day schools, several of which are on regular school campus. Although there is no inter-action between such a school and the regular school.

They could look and see them, but they really don't seem to have made any effort to get together. Special schools are for seriously involved children. A lot of multiple handicaps. seriously physically involved and mentally retarded. And they're strapped into their chairs and everything else. So it would be quite an effort to get them involved.

They're very seriously involved kids, but they did put them on the bus like the other kids.

Ms. : Do they come on the regular busses with them?

Ms. : No, they have their own special busses.

Ms. : Don't eat lunches or anything?

Ms. : No, (inaudible). Which seems sort of a waste of construction and architecture, but that's the way it was set up. For placement decisions, my impression was that the decisions are not made at the units. That someone, generally the psychologist or presumably an LD resource teacher who would be receiving the child had made the decision of where the child ought to be. And when they got to the meeting that would be presented.

The way that the procedures seemed to go in general, there would be what they called a child study team. And that was just a district staff, (inaudible) generally the school building staff. That was psychologists, maybe nurses, teachers, (inaudible), principles, sometimes the director of special ed. And they'd sit down and discuss the evaluation results.

And this meeting's main purpose, I think was to get all together and try and decide where the child should go. Generally there was one person who said, I think you ought to come to my class or he ought to go to so-and-so's class, and they would for the most part agree. Then the parents would be brought in, either that same day, or they'd open the doors and the parents would come in or they'd arrange for a meeting a week later. By that time, they had a united front as to what they wanted to tell the parents. And that's the way the meeting would proceed.

There was very little disagreement within the meetings that we saw. And although the parents participated a lot, it was generally, they would ask the parents a lot questions about the child, and growing up and developmental things. And a lot of times -- it was really irrelevant.

Mr. : That was after the decision was made?

Ms. : In their heads. They hadn't necessarily presented it. But I think one of the strategies that was used -- I saw it a lot, where they would spend a lot of time talking about what was wrong with the child, in a very nice way, and trying to find where the child's strong points were. But they spent a lot of time talking about what was wrong with the child. And it wasn't until right til the very end of the meeting, they'd be getting all this information from the parents, on all the test information and various other people and what tney knew, that they'd say, "and we think the child ought to go here."

And I think what happens is that the parent who doesn't know special ed, doesn't know what's available in the school district, and is also probably semi-depressed about the proglems with the child, is so grateful that here's somebody presenting a solution that they immediately accept it. The solution seemed to be appropriate. I don't think there was anything wrong with it, but the parent was not a decision maker by any means.

Ms. : (Regarding presention of information effort) Did they try and use that as a rationale to tie it in to why they were suggesting that option?

Ms. : Yes, it was more like that. The question on relating test results to programming rarely came up. It was just not that clearcut. They never said, here is the result and therefore we should do this here. It was just sort of -- they'd shuffle some papers and say, okay, now, we think we have a placement if you'll sign this we'll put the child in the resource center.

Sometimes a parent would ask some questions about what kind of program the child should be in. But they always agreed, or nearly always agreed. And I think the way it's presented, it just made a lot of sense. The other aspect of it is that the parent just doesn't know. They seem to have blind faith in the school system, that they were the experts, they knew what to do, and -- so therefore accepted what was said.

I think that there were only two occasions when we saw any parent disagreeing with the placement, and they were very unusual cases, both of them. One of them wanted -- the parent wanted a more restrictive environment and the other one wanted a less restrictive, but cost implications were also involved. It's that one that gets defiant.

As far as LRE is concerned, it seemed to me -- it rarely came up, also, unless they were explaining our preference.

(Simultaneous discussion -- unintelligible.)

No, no, we cancelled that one out. It came up once, again where the parent had disagreed with the placement. Unfortunately, with our orientation observation we could not use the case. But the district person who arranged for attendance wanted us to come on purpose because she wanted a less restrictive environment. And there we were, and that's how it came up.

Without overtly talking about LRE, it seemed to come out as being in proximity to the home school. That seemed to be where their efforts were lying, if there was any problem with where the child might be placed, they always tried to get it in the home school or the school closest to where they child lived. For the milder cases, that implied mainstreaming, Especially in the junior high-high school level ones we saw, where it was implicit that the child would mainstream, so that was never discussed, presumably because it wasn't a problem. The child had been -- and most of these cases were review cases -- the child had been in the school for a year or so.

They didn't seem to want to -- or need to accept it. They'd say, okay, the child will be in a resource center during this amount of time, and let's make sure that the child does have PE with the regular students, et cetera. That kind of comes with the resource room. The participants -- we noticed that psychologists and the nurses seemed to be the most frequent participants. The nurse's information was always sort of neither here nor there unless it was a physical problem. And also it seemed to be extremely tedious. And you got the birth history and what have you, and it just never went anywhere. She just sat there and told it.

The phychologist generally had a lot more to do with it because he'd done the evaluations. Then -- we also found that LD teachers and the principal attended with some frequency. The principal was often not a big help to the placement. He just sat in or the meeting was in his office. LD teachers -- which would be the resource room, who were doing a very good job, frequently became the chairperson of the meeting and would go out and do the IEP, etc.

I think one of the major obstacles in implementing the law was the problem of parent participation. Some of the schools, some of the districts, have a much better time of it, because parents were very active and had been included all along. There were several places where that was the major stumbling block, that they would not proceed with the meeting unless parents attended. And they wouldn't show up, they'd forget about the meeting, they'd come late, they'd come early. And it was a major problem in one of the schools.

What happens then is that things are just deferred. The referrals come in for review, it's been up for a while, and they just keep waiting and waiting. They set up another meeting for next week, and the parent doesn't show up. They remind the parent, and they say they're coming and they forget.

I think it might have something to do with the socioeconomic status of the district. It seems to be in the more well-to-do areas the parent participated a lot. But some of them came to have a history of parent involvement. I think the smaller districts had a much better time of it, because the schools were right in the neighborhood, the parents were used to coming to the school. The school sent notes home with the children, reminding them. They called the parents, they knew approximately where the parents lived, they'd go out to the parents' house to do the IEP and that kind of thing.

One of the problems that came to reoccur that also was sort of an obstacle to placement was that the district staff would get together to discuss the evaluation results of the child study team and they would discover that they still didn't have enough information. And some of them would say they'd be evaluating the child for possible speech problems of psychological problems and they'd say, well, they seemed to have hearing troubles, too, did anybody check that. And they'd say, oh, my goodness, well, we'd better find out if the child is hearing-impaired.

And so off we'd go for another couple of weeks until they can get the parents to take the child to a hearing evaluation. That kind of delay -- I'm not sure whose fault it is and what's the best way to resolve that. But it would seem like there needs to be some kind of meeting before the child is referred, and they lay out exactly everything that needs to be done, and they don't get back to meet again until everything is in and every possible aspect is checked out. But that has the effect of delaying any kind of placement decision up to several months, because they're still trying to determine the extent of the problem.

Ms. : How did they decide what assessments to do for the child?

Ms. : Presumably the psychologist, but the psychologist can have a very narrow focus again obviously on what he wants, and if, say, the developmental hadn't been gathered at the time, which is frequent, maybe you don't know until you see the developmental that the child has some problem that they hadn't been aware of and then that has to be checked out.

A related problem is that with some of the most seriously involved children, the evaluation is a very difficult thing to do. There are a couple of cases where the child is very withdrawn and shy and would take a number of discussions with the psychologist or whoever is doing the evaluation, just to gain enough confidence or enough clues from the child to ever understand when they're responding. So that was -- the evaluation process seemed to be very time-consuming, and maybe not most efficiently done.

I was thinking about the differences between the three districts. The large district has all the problems that any urban school district would have. They've got too many kids, not enough staff, unsavory elements, what have you.

One of the things that seemed to happen in the larger districts is that they have an awful lot of people at the placement meetings. When you get up to, like, 12 or 14 people sitting around the room, they had district representatives who didn't know the child, whose job it was to monitor the meeting and fill out a form just for the district. They should have been, like, case managers but they never worked it that way. They couldn't get down to that level of detail, the case load was so high. The best thing they could do is to nominally chair the meeting, process the forms for the district's records, and then the receiving school and the referring school were left to arrange their own transfer of records, et cetera.

I found that the large meetings were very awkward. And I felt sorry for the parents, although it didn't seem to affect them that much. But frequently people there had nothing to contribute, so they'd just sit there for a 45-minute meeting and having all those strange faces staring at you while you're discussing a child's problems would put me off if I were a parent, although it didn't seem to have adverse effects on the parents who were at those meetings.

So maybe it isn't of consequence. The large district also tended to get the most severe cases from the other two districts, were frequently placing children in special schools, private schools, in the CP clinic, various other arrangements that weren't usual. And we noticed a sort of general lack of finding information about those receiving schools. So a lot of time would be taken up saying, well, I think that that's only a halfday session. And then the other person would say, no, but I think you can go in the afternoon. Well, the parent wouldn't want the child there for a full period of the school day -- a lot of unnecessary time is spent guessing at what was actually offered in the school, or they would finally get a consensus about what was offered and then say they don't have any more openings.

It takes time. I think one of the reasons why the large district meeting was so large was because they tried to get representatives of receiving placement, but that didn't always work. And a lot of times you got people that ended up not being -- not participating at all. And you had extra bodies in the room.

Mr. : Were the large district meetings used for placement in a more restrictive environment? Is there a point where they could make some decision, say, to place a child in a resource room within the local school. Can the team there make that decision for going to a special ed school somewhere else or would they have to go to the district and have a district meeting?

Ms. : No, it's a one-shot deal. They didn't have different levels.

Mr. : Yes, but you do have a child study team.

Ms. : Right, That is usually the immediate staff that are dealing with the child.

Mr. : And that is not a placement meeting?

Ms. : Not officially, no. But it's where in their minds they decide what they want to present to the parents.

Mr. : Yes, so a teacher makes a referral, that child goes to the school based on child study team? They make some decisions on what evaluations need to be done? And things like that. Those evaluations are done, and then it goes to a district placement meeting, is that correct?

Ms. : No, then after the evaluation is done, then they have a child study meeting to discuss the results.

Ms. : That's the first child study meeting on the case.

Ms. : There seems to be no official meeting from referral to evaluation. The psychologist gets the referral, they look it over, they say such-and-such test should be done.

Mr. : You probably talk to the teacher, right?

Ms. : Yes, you may -- either talk to the teacher or run into the LD teacher and say, listen, do you want to take the kid into your class for a couple of hours a day and observe him?

Mr. : Okay, now, this is a child study team meeting. Is that an official placement meeting?

Ms. : Well, it is in the sense that the school district discusses placement and evaluation results. It isn't in the sense that the parent isn't there and doesn't sign off on it. They don't consider placement officially done until the parent signs off.

Mr. : I'm still trying to get some clarification. Is this a meeting that takes place normally in the local school, the school-based meeting, maybe with a few district representatives, but it's generally a small meeting? Then they have another meeting where they invite the parent?

Ms. : Well, it now gets tricky because there's a difference between the two districts. The medium district - they'll have another meeting and the parent will come.

Mr. : Now, is this still a school-based thing or is this a district-wide thing?

Ms. : It's all school based, it always is. They're always held in either the child's present school or receiving school. It's generally the child's special school. And all that really happens is, more or different people come in. And then it becomes an official meeting, whether it's the same day -- we've been to meetings where the parents are out in the hall cooling their heels until they're done talking and then they invite the parents in.

Ms. : Do the district people always come?

Ms. : In the large district, the district people did. They had supportive teachers who would come, and they were the ones that sort of got the thing organized, and had their district forms filled out - what they did and what they talked about.

Mr. : Yes, but you were talking then about these large district meetings where you're afraid that the parents may or may not be intimidated by the fact that there were so many people there. That is just an expansion of another child study team meeting. . .

Ms. : Sometimes, but not always. Because of the number of people involved in the large district, they tended to just meet once. And, again, it would be a small -- an informal kind of decision that would be made, prior to the meeting. Obviously, because they were calling the potentially receiving school somebody has thought about where the child should go. And where they seem to start was always the home school, or if the child were very severely involved, the special school that was closest to the child's home.

Ms. : Were they (special schools) arranged categorically or by severity level?

Ms. : They were categorical. In fact, they were all MR. And then they'd have a whole range, and they had age cutoffs.

Ms. : So if you were severe, you had to be MR. What about emotionally impaired kids do they go to MR placements?

Ms. : No. There was one severe ED that was our orientation observation and that was one where they were having problems with private placement at other schools.

Ms. : What about the physically handicapped? Did they all go to MR?

Ms. : If they were severely involved, they had a physically handicapped class in the special school.

Ms. : What about deaf and blind?

Ms. : Presumably they don't have any. There is a state school for the deaf and blind. We hever had any cases.

Mr. : Healthy environment?

Ms. : Yes. I imagine what happens is that those parents of deaf and blind children know their children are deaf and blind at an early age, and off they go to the school.

Ms. : We can look at the P.L. 94-142 plan and see what categories of handicap are served. See if they have their deaf, blind kids.

Ms. : Going back to your big district, where they have the one-shot big meeting, the decision that was made, like, say, to go to the receiving school and bring in the receiving people. Was that decision made in any type of a formal setting -- that was more than in the hall type chatter?

Ms. : Uh-huh, right. Say, now, next year the child is -- one of the cases was a preschool child, who had been in the CP foundation because they have a preschool program and he was going to the first grade. So they obviously knew the child was going to be leaving the school, and what they did then was hone in on the school closest to where the child lived that was appropriate for the degree of involvement the child had. That seemed to be no major problem; they didn't have 50 schools to choose from

Ms. : So it was just sort of automatic.

Ms. : Yes. And that seemed to be happening all the way through.

Mr. : Would the large district go to a large team meeting, even if they only wanted to place the child part time in a resource room?

Ms. : No, they wouldn't have that many people. It would be the more severe cases.

The district person wasn't a particularly predominant person. They in fact tended to be in the background, they didn't know the child. If they participated at all, it was more to just facilitate the meeting: "Now we heard the developmental information the social worker gave us, let's go to the sight evaluation." And people just sort of waited their turn until they were called on. That seemed to be the general trend.

At that meeting there was a principal of a receiving school and the potential receiving teacher of MR students. And they were just there to sort of show and tell. Like, "tell us what the school is like and where you think the child might go and what kind of program you'd provide." For the most part, these people knew each other. The supportive teacher would be around a lot, always on a superficial level but they knew who the people were and so it was always extremely well -- the state was informal, too.

Ms. : How did they know whether there was enough room or an available spot?

Ms.　　:　When that came up there was a district liaison person whose sole job it was to help make connections with public schools and in the other schools the child had gone to. So presumably part of the job would be to know what other schools were offered. But perhaps the level of information that they wanted was so specific that she gave the name of the school and in general what they did, having no way of being able to say the child gets out at 2:00 in the afternoon or 2:30 and if bus transportation could be arranged; then that person should be the one that knew, and she didn't. And a lot of it would be word of mouth. In one particular meeting, they spent a good 20 minutes discussing where the school was located.

Ms.　　:　Were the parents there at that meeting?

Ms.　　:　Yes. There was one where -- technically the parent was an aunt who had taken the child, who was the official guardian. It was very amusing circumstance, because she was very involved in the whole thing, had gone out to the school, had taken a tour, had looked at the classes, had watched the children in the classes. And she was not going to be bulldozed by these people who themselves couldn't decide. That was one of the few times where there was disagreement between the staff, and that was the main reason we were brought in.

Ms.　　:　How many options -- did you see cases where, like, two or three options were considered, or was it generally a one-option --

Ms.　　:　Generally it was -- a one option thing.

Ms.　　:　So you wouldn't have had a clash between a more restrictive and a less restrictive --

Ms.　　:　No. We did get one, not -- just the reverse of what you're saying, though, where the home school, the child was language-impared, and the home school was where the child was currently. And they didn't feel like they had a proper program. The child needed more extensive work. So that, the end result was that the child was going to transfer across town to the place where there was the one class at her age level. And that sort of brings up questions of availability. I can't think of a case where a more restrictive environment was appropriate.

Ms. : Any indication of any private schools of whether they used them a lot?

Ms. : They had some, but because the big district has four special public day schools, that seems to take care of that. Most private facilities were psychiatric --

Ms. : Seriously emotionally disturbed?

Ms. : Yes. There was one -- there was a public facility for emotionally disturbed children, so we did see one seriously involved case that was there. That was in connection with the state school board. (State) Home for children or something, but it was a special program for emotionally disturbed children, but it was public.

Mr. : If I could just follow up on my question, do you have any feeling in this as to whether or not they would place the student in a more restricted environment because it is closer to home?

Ms. : No.

Mr. : You have any feeling, or no, they would not?

Ms. : Because normally the child has to start somewhere, and that would be a home school, which would be the closest. And that would be definitely within a narrow radius of where the child lives. But even if there were a special school, that would probably be equivalent distances, and they would go to the less restricted school.

In the client's issue I noticed availability did come up on occasion. They'd say no, we don't have any openings, or the language teacher would say, I only work with children on that intensive a basis if they're hearing impaired, this child is not hearing impaired or speech impaired, therefore I can't work with him.

They did have some overload problems, especially in the LD and language classes. They hever discussed creating more options. There was some give and take on how much time a child might be in a resource room. That was sort of the extent of kind of working with continuing within options.

Cost came up on one or two occasions. There was some question of whether psychological counselling should be paid for by the school. Well, there wasn't any question. They assumed that the school did not handle that cost, and the parent accepted that. And they did have questions about whether the school, in another case, would pay for PT. The school was not sure whether they were responsible or not.

And then the last client's issue I noticed was the time lag thing, that it took so long because of the problems in getting all the evaluation data combined with the parent not showing up. Generally these would be children that were already in plalcement that had been agreed to, either in regular ed or waiting to get into special ed, or already in special ed and they were thinking of changing the placement but it was taking awhile to get to it.

Mr. : How long is that, typically?

Ms. : That could be a couple of months.

Mr. : Is that typical or is that an outside range, the couple of months?

Ms. : I wouldn't say it was typical, but because -- there was no child not receiving service, not receiving something, if only being in the regular school, but --

Mr. : Not necessarily the appropriate one.

Ms. : As in insurance problems in another state which was not the case. Children were never kicked out of school, or at home with no place to go. They were always there and they were being looked after. Sometimes it would take a long time.

We saw a lot -- in the small district, too, and size might have had a lot to do with it, they seemed to procrastinate saving those interesting cases til last, which was very unfortunate for us because we were scrambling around for what the data collection was applying to. And what had happened on two of the occasions, they knew about it in March and we could have sat down and discussed it with them, was that no decision would be made. So by May, when we left site, these kids still hadn't been placed -- and one was going on to junior high. There was a question about how much time she would be in resource, how much time in regular school. Another one was more restrictive.

And the other case it was the question of evaluation data. They still didn't know if the child had a hearing problem, whether she had a speech problem or a learning problem, et cetera. Both of these kids receiving services within school, but are usually not getting the appropriate placement. For the child going on to junior high, presumably that will be resolved sometime during the summer so there won't be any serious implications.

This other child, where they're not going to make a placement decision until around August, that one seems a little more suspicious to me. They may start the school year with the child still in the same placement where he had been, and keep on trying to gather more information so they know exactly what to do with the child.

Mr. : But two to four months would be the outside extreme.

Ms. : I would guess. It's tough to tell, especially since these are -- what we were observing were cases that are not complete now, so it's hard to know exactly how long it's going to take.

But they did seem to sort of waste a lot of time. Sometimes their own fault, and sometimes through no fault of their own. Took a while to get the kids going. On the initial referrals they were very good.

We had one case going into the special school, where the mother -- the only reason that the mother was there was because she had been referred by a social service worker. This kid had been out of school for a year and they said listen you're not going to be able to get any benefits with the kid out of school. The child was either physically handicapped or mentally retarded.

So they then have the problem of getting information from the state where they come from and they immediately place the child in temporary placement, in 30 days, we'll come back, we'll have all the information and sit down and do placement. The parent never showed up. So -- and the child had been in school infrequently and also had been taken out, to another state.

There's an awful lot of sort of unthinking obstacles thrown in the path of implementing the law, that -- that was one of my last categories, the special problems not taking into account what the law was. Primarily the parents, they pick up and leave, they go through -- they process all the forms, and get all the evaluation information finally all together to place the child, they get the program written up, and the parent leaves town and wherever they land, then that whole procedure has to start all over again. Really time consuming.

And I feel sorry for the child, because how many tests have to be repeated because you can't get the information from wherever they were, or people can't interpret it. So (inaudible).

Mr. : Was Special Education placement based on IEP?

Ms. : No. There seemed to be two ways they did the IEP. I heard it was not written until after the placement, or they'd have some general goals and objectives which would tell you nothing. You know, include social behavior or learning (inaudible).

And then the receiving teacher would write the specific objectives after observing the child and seeing what the capabilities were. But, again, the problem of attendance. In two of the cases where the children were severely involved, they were rarely in school. They had been taken out for whatever reason. So when we had come back a month and a half later after the placement procedures to look at the files and see what the IEP says, the IEP still hadn't been written, the child had been in school a total of 3 days.

The IEP is a little boomerang. The one meeting I got to observe was just -- was nothing. The LD teacher thought it out and had written out some things, and the mother was saying "fine, fine, fine". What's the mother going to say, and how could she say, "No, I think instead of vowels we need to work with blends" or something.

The law is well-meaning, but frequently it just doesn't make sense for the situation.

Ms. : Did you have a feeling for anyone being responsible for something specific?

Ms. : Well, transportation, yes. They were very specific about that.

Ms. : What about identifying for the new teacher that this kid is coming in, or the new principal that they were at the meeting?

Ms. : That would be in the review. Also, the forms, who actually had the forms. The file was another -- there is no file, singular. Everybody had different information about the child. Some points are processed by some people and other forms are processed by others. They don't seem to have any problems with that.

SECOND STATE

Mr. : I think that one thing that characterizes my state, from the general impression, is on the one hand, at least the school district that I was in, so much of what is done, and so much of the way it's done, is based on informality.

And secondly, that from building to building, and from LEA to LEA, there is such wide variability. One of the reasons we picked this state was presumably the decentralization of authority at the state education agency. And while that's true, that they have very little direct authority over local schools, the decentralization in the district that I was in was more pronounced at the LEA level than at the state level.

Each building principal had complete autonomy, had complete responsibility for the whole process of referral, evaluation diagnosis, data collection, of managing and demonstrating their special ed program, deciding how many kids were in a class. They were completely, autonomously functioning with the building principal. There was absolutely no central coordination, unless the child had many needs -- where some consideration of the placement would involve moving a child out of the first one.

Ms. : (Inaudible.) (Something about background, state considerations and requirements of the law.)

Mr. : Well, I had some really mixed impressions, mixed feelings about that. On the one hand, the fact that the building principal and his staff were responsible for it, it meant that they were extremely conscientious, extremely interested, extremely energetic. They put in a lot of overtime, like til 5:00, 6:00 every afternoon for special ed people and the building principal people.

But on the other hand, they seemed to have set up their own interpretations for guidelines, for implementation -- (End of Side one.)

Mr. : Didn't the district supply any guidelines in terms of student-teacher ratios or anything like that?

Mr. : No. The State has what they call a unit reimbursement. And there were situations in which there was discussion about losing a unit because of the number of kids in special ed versus the number of kids in regular education. There were very specific examples. In fact, two of the cases where the staff's attitude in making a placement decision, in the discussion about placement, was that they would handle the kids regardless of what the teacher-student ratio was, regardless even of eligibility of the child.

Mr. : Because they were afraid of losing a unit? When you say a unit, are you talking about a classroom?

Mr. : Well it was their attitude that they knew what was best for the child, and that the placement setting where the child would best be served, was their decision. They didn't really care what everybody thought, whether it was the best of a setting.

Mr. : Okay, when you were saying a unit, what is a unit? Is that like a special ed teacher?

Mr. : A unit is a teacher. And if you're limited to, like, 20 units, and you have 20 regular teachers, because you're able to put more kids into those 20 regular units, -- for example, I guess a better illustration of that would be, if you have 20 teacher units, and they put -- they distribute the kids equally among those 20 teacher units, then the staff -- the student radio is lower and much better.

If you convert one of those units to special ed, then you restrict the numbers and everybody else has to pick up the slack, so that the teacher-student ratio goes up a little bit.

Mr. : But there are some guidelines as to how many special ed students can be in the class?

Mr. : No.

Mr. : Those come from the state or from the district?

Mr. : (Inaudible)

Ms. : What we saw in our (3rd state) smaller districts was I think they're similar in terms of the effect on the child. Our districts were very centralized with the administration but they still created the family feelings, our kids. we take care of our kids thing, and that definitely seemed to be a factor of the size of the district.

Ms. : What district? -- Middle? --

Ms. : Just a little bit bigger than the little. It was big!

Mr. : Did you have any of this informality autonomy in (1st State) like they were speaking of?

Ms. : My state is also decentralized, certainly to the point where the state did not volunteer any districts.

Mr. : But did the principals have --

Ms. : What happened wasn't to the extent that (observers of 2nd State) had been describing; the large district is itself very centralized with very rigid priorities, and a lot of bureaucracy considering it's a large school district. It was like dealing with the federal government. We went through four layers of people before we got to anybody that knew kids, much less tell us what placement meeting went on.

There were also a lot of paper pushers and whatever, budget specialists or whatever they do, they definitely aren't down on the level of placement. The meetings in the small districts were very informal. There was a definite personality in some of the schools, principals were absent enough of the time that I couldn't pin it on them. There were some principals who didn't participate in all the placement meetings in school or at least just sat there, and it seems to be more a function of the area where the school is located and a few key personalities that is to say like psychologist, LD teacher and that seemed to make a difference.

So they were, the medium district was much more coordinated. The director of special ed would go around and they had a central special ed building where all psychologists and special ed types had their offices so they came in contact with each other and that made a difference.

Ms. : (Inaudible) given that they felt so much pressure to go through a procedure and get the parents involved (inaudible) shows a commitment to doing the right thing.

Ms. : It sounds like from what you're saying about (2nd state), that that's a state where with the exception of what you just said that children would probably have been served well in the districts with or without 94-142. It seems to me for the most part very little impact, but the impact might have been the state law, but it sounds like they're not giving much credence to 94-142 set of procedures but it doesn't really seem to matter to the outcome assuming the kid ends up in a fairly decent setting.

Ms. : What did you say about -- they're not....?

Ms. : It seems that they didn't really need 94-142 to push them into doing good things, nor are they paying much attention to it, in terms of where it prevents them from doing good things, and they just go on doing what they feel is best.

Mr. : When did the state law become law?

Ms. : 1972?

Mr. : '72 -- yeah.

Mr. : So it wasn't done in anticipation of this federal law.

Ms. : No.

Ms. : And all the people I talk to at both the state level and the local level emphasize that they probably had a damn good law long before 94-142 and LRE really made very little difference to them but philosophically they were following through on that. The only difference that they emphasized was the parent involvement part -- so many parents were working mothers and fathers who are in situations where they simply can't take time off to come to school and yet they feel committed to the idea that parents should be present to go through the IEP.

Mr. : I don't want to belabor the informality point too much. One of the meetings that I sat in on was, I thought it was kind of good example of the way that worked and in an apparently strong way. One of the kids being considered, the kid who was currently in residential psychiatric program in another district, and the principal of the early childhood center which houses a special kindergarten class had to contact and find a lead teacher at the psychiatric unit with respect to that (his district) was a closed school district and the kid comes home on weekends, and they wanted to make arrangements for like one day a week, where the kid would come into class and make a sort of evaluation decision on placement in the fall, and the principal of that facility took it upon herself to free up two special ed teachers, a special ed teacher that would conceivably receive the kid next year and it was not the early childhood center but the other school, and the school psychologist and they all took a half day and went up there, observed the child (unintelligible) and that was the teacher and the psychologist. They spent a half day, a lot of people's time doing that and made arrangements for one day a week placement which then was extended to two days.

And all of that sort of on the guidance and assertiveness of the principal of that program. Almost no involvement in central administration, other than to authorize this trip with the school psychologist.

That's a kind of cross billing information. I don't know any other way to characterize it except that they took a lot of time, extensive effort to try to get some information -- but there was nothing in writing.

Ms. : There's also a lot of flexibility in this system, that they can do these types of things without being (remainder inaudible).

THIRD STATE

Ms. : Except in a very small number of cases for the most part the decision is just made by the psychologist -- this is the largest -- psychologist signs the label, the file ends up on one of the program specialists' desks. The placement decision is made based upon a whole variety of administrators and trivial kinds of concerns. Not totally irrelevant to the child --

Ms. : Right.

Ms. : They certainly do work with the child data too, but not exactly -- it certainly no where resembles a team decision making process, multi-disciplinary representation.

Ms. : And the IEP's done after placement. And from what we saw, those were (inaudible) meetings.

Ms. : I thought so, but the programs, actually, in the classroom seemed very good. I mean, this probably doesn't hurt kids very much at all because once they get finally set up, the kids will do all right. It's just the administrators.

Ms. : The administrative structure seems to be away from what really happens.

Mr. : Irrelevant.

Ms. : See, the programs, again, for what they're doing for mainstreaming handicapped kids, because their buildings are set up -- almost every building has some kind of handicap -- they're modular buildings, they're just separate sections -- and almost every building has a handicapped wing to it, the severely, profoundly, are served right there, along with the same facilities for the regular ed kids. So in terms of looking at the programs, it looks like a very good mainstreaming model. The district is philosophically supportive of mainstreaming and they do, in fact, do that.

For the first week or two I was there, I felt very positive -- it was looking and sounding so good -- until you really take a look at what particularly was happening to each child. In the median district it was much tighter and they have a rule (inaudible) but if you want to change buildings, you have to go to the central committee. At that even when you don't change buildings there seemed to be staffing of the client with more of a team . . . They have severe, profound classrooms. In the middle district you had to choose a place in the district to go to. They were very much involved with what school they were in. They don't use the word mainstreaming, they use "inclusion".

(remainder inaudible)

APPENDIX D

RELIABILITY SUBSTUDY

RELIABILITY SUBSTUDIES

Two reliability substudies were conducted on the observation instrument which was developed for Activity II data collection. One of these yielded interobserver reliability estimates under the training condition; the other produced similar measures for the field conditions. Both of these provided indices of item and observer reliability.

Most traditional observation instruments collect situation specific data by requiring an observer to complete a checklist either according to a trained observation sequence or according to a structured behavioral characteristic, or by some combination of the two. In the first type of observation the observer records all relevant activities occurring according to some interval schedule, for example every 20 seconds. In the latter type of observation, the observer records the frequency with which certain very explicit behaviors occur; time may or may not be a variable of importance. In both of these observation techniques, however, the observer records only behaviors that occur immediately as they occur--no inferences or judgements are made and no effort for clarification of ambiguous events is allowed. Observation techniques such as these are generally selected because of their stringent non-participant observer procedures and because of their reliance on only behavioral events.

Observation data on placement decisions, however, rely, in part, on the observers familiarity with and understanding of certain background and contextual variables specific to the LEA. This familiarity with available classes, placement options, current enrollment levels, and other relevant special education information is designed to permit the observer to make conclusions regarding some meeting activities and to more accurately identify possible ambiguities. The specific observation procedures require the observer to take extensive notes during the meeting. No recording is made on the observation form itself during the meeting, since this form is to be completed only after the meeting and only with a full set of notes on which to base decisions for each item. Observers are to mark each and every item and only to skip an item (leave it blank) after a careful review of the meeting notes and careful consideration of that item.

METHOD

Item Reliability

Item reliability estimates for training were obtained through common observation of a one hour video taped placement meeting. Following specified procedures, all observers took extensive and detailed notes during the meeting and then completed the observation forms after the video tape was completed. A single criterion observation protocol was obtained by review of the video tape and observation protocols (item by item) by trainers and trainees. Discrepant responses were discussed extensively until group concensus was achieved regarding the "most correct" response.

A measure of inter-rater item reliability during training was then determined by summing the absolute deviations from the "correct" response across observers on each item. This sum was divided by the total number of responses per each item. This proportion represented the "error" of measurement for each item, and its complement (1 - error) the reliability (agreement among observers) on that item. These reliability proportions were converted to percentages for ease of interpretation.

Item reliability estimates for field data collection were obtained with a similar method. Paired observations were required of three placement meetings by field staff. Reliability estimates were generated by a method of inter-rater distances (proximities) for each item. On items where both ratings by the paired observers agreed, this distance was zero. On items where the ratings disagreed, the absolute distance between their responses was summed across items and divided by the number of cases. On dichotomous items this deviation was set equal to 1.0; on rated items it was the fractional distance (minimum = one divided by the number of segments between selected points on the scale; maximum = one). An example of the computation used in the ratings items would be as follows:

> Following the meeting each observer was required to refer to her/his notes and determine the extent of discussion which took place on a variety of issues related to LRE and other appropriate placement concepts. For each of these issues the observer was required to select from a scale of 0, 1, 2, or 3 to indicate the extent of discussion. If Observer A rated discussion for an issue as "1" and Observer B rated it as a "2," there was a discrepancy in their assessment. Because the scale contains four points (0, 1, 2, 3) there are three segments and consequently, a distance of thirds between each point. Therefore, the inter-rater distance between A and B for that item was one-third. If they had both rated it at "2," the distance would have been "0." If they had radically disagreed (A indicating "0," B indicating "3"), the full inter-rater distance of "1" would have been awarded to that case. (Under the training condition, distances between each observer and the criterion protocol were used.)

Inter-rater distances for each pair of observers on each item were similarly assessed, summed (absolute values), and divided by the number of cases (n = 14 for field data conditions). The resulting proportion represented measurement error and was subtracted from unity to provide the proportion of reliability for each item. A conversion to percentages was again performed to aid interpretability.

In the cases of scales which utilized a 100 point spread (Section XI of the Observer Report form) segments were arbitrarily defined as 5 point widths following a preliminary analysis which revealed that observers tended to report values in five-point multiples. It was also noted that, although a one-hundred point spread was possible between values assigned by different raters, this degree of dispersion never occurred. In actuality the differences between raters rarely exceeded five to ten points. To subdivide the scale on the basis of the full one-hundred point width would have, in our opinion, artificially inflated the reliability estimates. Consequently, we elected to use a system of thirds which corresponded to the technique used with the other rating scales and arbitrarily assigned a one-third distance to each five-tuple within the inter-rater distance.

Observer Reliabilities

Observer reliabilities were recorded as the percentage of agreement between each individual's responses and the criterion measures under training and field conditions. A criterion protocol was developed through discussions of discrepant responses. This criterion measure fell within the range of the observers' responses: the decision which, following discussion, was judged "more appropriate" on dichotomous items (YES/NO) or a mutually agreed upon "most appropriate" value in the cases where rating scales were used (e.g., "extent of discussion" -- 0, 1, 2, or 3). This single protocol for each placement meeting was produced on the reliability field tests not only to provide a criterion reference for the observer reliability, but also to supply a single-response data set comparable to those collected on the other field tests.

Observer reliability, then, was measured by summing the deviations from criteria over items for each observer and dividing this total by the number of items per observer. The actual number of this denominator differed somewhat across observers as a function of a few items which varied in their applicability to different placement meetings, and due also to the fact that two observers participated in only two, rather than three, reliability field meetings.

It should also be noted that in all reliability measures (item and observer), blanks were interpreted as zeros. There was a clear understanding and expression of this interpretation by the observers during the training and field exercises. It was, therefore, considered appropriate and supportable to operationally define blanks in this manner.

RESULTS

Item Reliabilities

During the development phase of the observation instrument several areas of data collection focus were felt to be especially ambiguous and presented difficulties in the development of adequate criteria. This was later reexpressed during the training session with the result that a few items received modified criteria, one item was eliminated, and additional training was designed and conducted for other items.

Aggregating items across observers and comparing these responses with the criterion protocol during training and with inter-rater distances on field tests, showed the degree of agreement between observers on individual items. Thus an item on which most or all observers have identified the correct response can be considered a fairly easy or reliable item to accurately complete. On the otherhand, items on which fewer than half of the observers have denoted the same response can be considered too difficult or too ambiguous an item to yield reliable data. The present reliability substudy allows for such an analysis of the training data as well as the field (on-site) data for both Forms. Items which meet or exceed a 70 percent agreement rate under field data collection conditions are deemed accurate enough to be retained for reporting purposes.

Specific rates of item agreement with criterion protocols (in training) and between raters (in field conditions) are shown in Tables I and II for the Observer Report Form and the Case Information Form respectively. Items which have been designated as below the .70 reliability standard are denoted with "**". In fact, the reliability estimates for the items on both forms were extremely high (most were in the nineties) and very few items were, consequently, excluded from subsequent analysis. In particular all items which utilized ratings (see Table I) representing extent of discussion achieved suitable reliability and the few dichotomous items which were dropped referred to issues which had been noted in only a small number of cases.

Table II shows the agreement rates for the Case Information Form for both training and field data collection conditions. Five items on the "criteria list" and one question fell below the 70 percent agreement rate during field conditions. These items were: Transportation, Openings, Availability of Supplementary Services, Staff Attributes, and Other Harm to Child; the question was "Opportunities for Interaction with Non-Handicapped - For What?" These six, therefore, do not appear to be reliable data sources and should not be used in subsequent interpretations.

Observer Reliabilities

Observer reliabilities represent the overall (item-by-item summed) percentage of agreement between each individual's responses and the criterion measures on the items. Table III presents reliability percentages for all observers under both field and training conditions for the Observer Report Form. Table IV presents the same data for the Case Information Form. The percent of overall item agreements with the criterion protocols for each observer during training are greater than 75 percent (the generally accepted level of minimum performance for observers) in all instances except one. Observer No. 10 on the Case Information Form obtained 71.1 percent agreement during training (Table IV). Note however, that this improves to 89 percent under field data collection procedures. In fact, on this instrument only observer No. 3 shows a lower percent of agreement in field conditions than in training (from 87.5% in training to 77.0% in the field). Table III shows comparable rates of agreement for field and training conditions on the Observer Report Form, and in all instances the rate of agreement under both conditions exceeds 75 percent.

A trend showing some improvement in the reliability rates from training to field conditions can be attributed to two factors. The first factor, reduced group size (from eight to two) may produce higher reliability rates, in part, as an antifact of reduced variability. The second factor, the substudy itself, produces higher reliability rates because of the structured review of item criteria which is required as a by-product of the discrepant response discussion. In this way observers who experience ambiguities for certain items have three structured review opportunities in the field to help clarify distinctions. The reliability substudy served not only to provide field estimates of reliability rates, but also helped greatly to enhance and reinforce the two week training session.

SUMMARY

Under both data collection conditions all observers exceeded a reliability standard of 75 percent for both instruments. This is considered to be an acceptable standard for observer reliability.

The great majority of items on both recording instruments achieved suitable reliability estimates. Further, all items on the Observer Report Form requiring ratings for the extent of discussion or the extent of emphasis of certain topics, achieved agreement rates across observers which were consistently above the 70 percent standard for agreement in both training and field data collection conditions. The strong indices of inter-rater item reliability under field conditions on both the Case Information and Observer Report forms provided support for the planned inspection of this data for its relationship to the issues of the study. However, it must be emphasized that this favorable outcome only pertains to the internal reliability of the data and reflects the success of observer training and instrument development. It bears little relationship to external issues such as generalizability of results or inferential validity. Severe constraints in the selection of samples for this study will have greater influence on the eventual utilization and analysis of the data.

TABLE I: PERCENT OF AGREEMENT BY ITEM FOR THE OBSERVER REPORT FORM

Item			Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)	
I	Attendees:	Mother	100.0	$(\frac{8}{8})$	100.0	$(\frac{16}{16})$	
		Father	100.0	$(\frac{8}{8})$	100.0	$(\frac{8}{8})$	
		Student	100.0	$(\frac{2}{2})$	100.0	$(\frac{2}{2})$	
		Parent Surrogate	100.0	$(\frac{2}{2})$	100.0	$(\frac{2}{2})$	
		Dir. Spec. Ed.	75.0	$(\frac{6}{8})$	50.0	$(\frac{1}{2})$	**
		Coordinator		*	100.0	$(\frac{2}{2})$	
		Out of District Coord.		*	100.0	$(\frac{5}{8})$	
		Principal-Present	50.0	$(\frac{3}{16})$	92.8	$(\frac{13}{14})$	
		-New		*	100.0	$(\frac{2}{2})$	
		Other Administrators		*	100.0	$(\frac{4}{4})$	
		LD Coord.		*	100.0	$(\frac{2}{2})$	
		Spec.Ed. Self Contained	62.5	$(\frac{5}{8})$	100.0	$(\frac{14}{14})$	
		Teacher Itinerant		*	100.0	$(\frac{4}{4})$	
		Regulor Ed. Teacher		*	100.0	$(\frac{8}{8})$	
		School Psychologist	100.0	$(\frac{8}{8})$	100.0	$(\frac{16}{16})$	
		Clinical Psychologist		*	100.0	$(\frac{2}{2})$	

TABLE I: PERCENT OF AGREEMENT BY ITEM FOR THE OBSERVER REPORT FORM (Continued)

Item		Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)	
Attendees:	Social Worker	*		100.0	($\frac{6}{6}$)	
	Speech Clinicain	75.0	($\frac{6}{8}$)	100.0	($\frac{12}{12}$)	
	Other Diagnostician	*		100.0	($\frac{2}{2}$)	
	Title I	*		100.0	($\frac{2}{2}$)	
	Representative of Receiving Placement	*		50.0	($\frac{1}{2}$)	**
	Nurse	87.5	($\frac{7}{8}$)	100.0	($\frac{8}{8}$)	
	Physical Therapist	*		100.0	($\frac{2}{2}$)	
	Occupational Therapist	*		100.0	($\frac{8}{8}$)	
	Other Medical	*		100.0	($\frac{2}{2}$)	
	Other	*		50.0	($\frac{1}{2}$)	**
II. 1.	Teacher Present	100.0	($\frac{8}{8}$)	96.2	($\frac{25}{26}$)	
2.	Chair Person	100.0	($\frac{8}{8}$)	92.8	($\frac{26}{28}$)	
3.	Agenda	87.5	($\frac{7}{8}$)	100.0	($\frac{28}{28}$)	
4.	Introductions	100.0	($\frac{8}{8}$)	89.3	($\frac{25}{28}$)	
5.	List of Attendees	100.0	($\frac{8}{8}$)	92.8	($\frac{26}{28}$)	

TABLE I: PERCENT OF AGREEMENT BY ITEM FOR THE OBSERVER REPORT FORM (Continued)

	Item	Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)
II.	6. Writing	100.0	$(\frac{8}{8})$	89.3	$(\frac{25}{28})$
	7. OMIT	---		---	
	8. Reeval. discussed	100.0	$(\frac{8}{8})$	96.4	$(\frac{27}{28})$
	9. Follow-up	100.0	$(\frac{8}{8})$	82.1	$(\frac{23}{28})$
III.	Previous Placements	88	$(\frac{21}{24})$	93	$(\frac{78}{84})$
	Supplementary Services	83	$(\frac{20}{24})$	85	$(\frac{71}{84})$
	Instructional Methods	88	$(\frac{21}{24})$	86	$(\frac{72}{84})$
	Test Scores	92	$(\frac{22}{24})$	94	$(\frac{79}{84})$
	Interpretation of Tests	88	$(\frac{21}{24})$	93	$(\frac{78}{84})$
	Tests and Programming	71	$(\frac{17}{24})$	86	$(\frac{72}{84})$
	Structured Observation	92	$(\frac{22}{24})$	95	$(\frac{81}{84})$
	Achievement	92	$(\frac{22}{24})$	93	$(\frac{78}{84})$
	Attendance	92	$(\frac{22}{24})$	95	$(\frac{80}{84})$
	Social	96	$(\frac{23}{24})$	87	$(\frac{73}{84})$
	Physical	83	$(\frac{20}{24})$	93	$(\frac{78}{84})$
	Survival	100	$(\frac{24}{24})$	96	$(\frac{81}{84})$
	Behavior-Home	88	$(\frac{21}{24})$	89	$(\frac{75}{84})$

TABLE I: PERCENT OF AGREEMENT BY ITEM FOR THE OBSERVER REPORT FORM (Continued)

Item	Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)
III. Medical	100	($\frac{24}{24}$)	93	($\frac{78}{84}$)
Family History	88	($\frac{21}{24}$)	94	($\frac{79}{84}$)
Hobbies	83	($\frac{20}{24}$)	96	($\frac{81}{84}$)
Family Attitude Toward: Handicap	88	($\frac{21}{24}$)	92	($\frac{77}{84}$)
Present Placement	83	($\frac{20}{24}$)	90	($\frac{76}{84}$)
Student Attitude: Handicap	75	($\frac{18}{24}$)	99	($\frac{83}{84}$)
Present Placement	92	($\frac{22}{24}$)	96	($\frac{81}{84}$)
General Programming	92	($\frac{22}{24}$)	87	($\frac{73}{84}$)
Specific Programming	75	($\frac{18}{24}$)	88	($\frac{74}{84}$)
Ranking of Needs	88	($\frac{21}{24}$)	99	($\frac{83}{84}$)
IV. Availability	100	($\frac{24}{24}$)	98	($\frac{82}{84}$)
Cost	92	($\frac{22}{24}$)	99	($\frac{83}{84}$)
Program Characteristics	88	($\frac{21}{24}$)	85	($\frac{71}{84}$)
Staff Attributes	88	($\frac{21}{24}$)	94	($\frac{79}{84}$)
Classmate Attributes	92	($\frac{22}{24}$)	95	($\frac{80}{84}$)
. Transportation	88	($\frac{21}{24}$)	99	($\frac{83}{84}$)
Proximity	92	($\frac{22}{24}$)	99	($\frac{83}{84}$)

TABLE I: PERCENT OF AGREEMENT BY ITEM FOR THE OBSERVER REPORT FORM (Continued)

	Item	Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)
V.	Family Attitude to Potential Placement	88	($\frac{21}{24}$)	94	($\frac{79}{84}$)
	Student Attitude to Potential Placement	100	($\frac{24}{24}$)	98	($\frac{82}{84}$)
	Impact on Family	92	($\frac{22}{24}$)	100	($\frac{84}{84}$)
	Stigma	83	($\frac{21}{24}$)	98	($\frac{82}{84}$)
	Loss of Mobility	100	($\frac{24}{24}$)	100	($\frac{84}{84}$)
	Physical Harm to Others	100	($\frac{24}{24}$)	100	($\frac{84}{84}$)
	Self	100	($\frac{24}{24}$)	98	($\frac{82}{84}$)
	Educational Harm: Others	83	($\frac{20}{24}$)	100	($\frac{84}{84}$)
	Self	88	($\frac{21}{24}$)	92	($\frac{77}{84}$)
	Other Harm: to Others	92	($\frac{22}{24}$)	100	($\frac{84}{84}$)
	Self	83	($\frac{20}{24}$)	96	($\frac{81}{84}$)
	Long Term Effects	83	($\frac{20}{24}$)	95	($\frac{80}{84}$)
	Non-District Specialist	92	($\frac{22}{22}$)	99	($\frac{83}{84}$)
	Other	---	---	98	($\frac{82}{84}$)
VI.	Options Considered	83.3	($\frac{20}{24}$)	86.5	($\frac{32}{37}$)
10.	Range of Options	87.5	($\frac{7}{8}$)	89.3	($\frac{25}{28}$)

TABLE I: PERCENT OF AGREEMENT BY ITEM FOR THE OBSERVER REPORT FORM (Continued)

Item	Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)	
11. LRE mentioned	100.0	$(\frac{8}{8})$	96.4	$(\frac{27}{28})$	
12. Mainstream Mentioned	100.0	$(\frac{8}{8})$	96.4	$(\frac{27}{28})$	
13. Possible Placements	100.0	$(\frac{8}{8})$	85.7	$(\frac{24}{28})$	
14. Opportunities with Non-Handicap	87.5	$(\frac{7}{8})$	92.8	$(\frac{26}{28})$	
VII.					
15. Concensus	100.0	$(\frac{8}{8})$	92.0	$(\frac{23}{25})$	
16. Comments	100.0	$(\frac{8}{8})$	84.0	$(\frac{21}{25})$	
Decision Making Levels					
Generic	100.0	$(\frac{8}{8})$	80.0	$(\frac{20}{25})$	
Type	100.0	$(\frac{8}{8})$	88.0	$(\frac{22}{25})$	
Building	100.0	$(\frac{8}{8})$	72.0	$(\frac{18}{25})$	
Class	100.0	$(\frac{8}{8})$	64.0	$(\frac{16}{25})$	**
17. Rationale	87.5	$(\frac{7}{8})$	91.3	$(\frac{21}{23})$	
18. How Decision was Reached	100.0	$(\frac{8}{8})$	95.6	$(\frac{22}{23})$	
19. Disagreement ?	100.0	$(\frac{8}{8})$	95.6	$(\frac{22}{23})$	
20. Supplementary Services	87.5	$(\frac{7}{8})$	86.9	$(\frac{20}{23})$	
21. Criteria for Movement	100.0	$(\frac{8}{8})$	95.6	$(\frac{22}{23})$	
22. Short Term Monitoring	62.5	$(\frac{5}{8})$	95.6	$(\frac{22}{23})$	

TABLE I: PERCENT OF AGREEMENT BY ITEM FOR THE OBSERVER REPORT FORM (Continued)

Item	Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)	
IX. Parent Participation					
23. Parents Present?	100.0	($\frac{8}{8}$)	100.0	($\frac{28}{28}$)	
24. Aware of Options?	75.0	($\frac{6}{8}$)	87.5	($\frac{14}{16}$)	
25. See Folder?	---		81.3	($\frac{13}{16}$)	
26. Participation Encouraged?	100.0	($\frac{8}{8}$)	93.7	($\frac{15}{16}$)	
27. Sign Anything?	100.0	($\frac{8}{8}$)	100.0	($\frac{16}{16}$)	
28. Satisfied?	100.0	($\frac{8}{8}$)	93.7	($\frac{15}{16}$)	
29. Extent of Participation	62.5	($\frac{5}{8}$)	68.7	($\frac{11}{16}$)	**
XI. Summary					
Test Scores	100	($\frac{21}{21}$)	90	($\frac{76}{84}$)	
Social/Emotional	71	($\frac{15}{21}$)	81	($\frac{68}{84}$)	
Academic	71	($\frac{15}{21}$)	70	($\frac{59}{84}$)	
Other Information	81	($\frac{17}{21}$)	74	($\frac{62}{84}$)	
"Eligibility"	71	($\frac{15}{21}$)	88	($\frac{74}{84}$)	
Possible Placements	57	($\frac{12}{21}$)	81	($\frac{68}{84}$)	
Educational Goals	62	($\frac{13}{21}$)	71	($\frac{60}{84}$)	
Specific Goals	90	($\frac{19}{21}$)	89	($\frac{75}{84}$)	

TABLE I: PERCENT OF AGREEMENT BY ITEM FOR THE OBSERVER REPORT FORM (Continued)

	Training: Percentage (Proportion)	Field Data: Percentage (Proportion)
Item		
XI. Specific Instructional Methods	71 $(\frac{15}{21})$	77 $(\frac{65}{84})$
Plan to Evaluate Progress	81 $(\frac{17}{21})$	92 $(\frac{77}{84})$
Other	86 $(\frac{18}{21})$	93 $(\frac{78}{84})$

* No response to this item in the reliability substudy.
** This item falls below the .70 reliability standard.

TABLE II: PERCENT OF AGREEMENT BY ITEM FOR THE CASE INFORMATION FORM

ITEM	Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)	
Generic Change	100.0	$(\frac{7}{7})$	100.0	$(\frac{24}{24})$	
Options Considered	85.7	$(\frac{6}{7})$	100.0	$(\frac{20}{20})$	
Type Change	100.0	$(\frac{7}{7})$	81.8	$(\frac{18}{22})$	
Options	75.0	$(\frac{3}{4})$	100.0	$(\frac{2}{2})$	
Building Change	66.6	$(\frac{4}{6})$	81.8	$(\frac{18}{22})$	
Classroom Change	66.6	$(\frac{4}{6})$	77.3	$(\frac{17}{22})$	
Student's Academic Needs	75.0	$(\frac{18}{24})$	94.2	$(\frac{49}{52})$	
Student's Social/Behavioral Needs	89.6	$(\frac{26}{29})$	79.5	$(\frac{35}{44})$	
Student's Physical Needs/Attributes	42.8	$(\frac{3}{7})$	70.0	$(\frac{21}{30})$	
Handicapping Condition	64.3	$(\frac{9}{14})$	84.2	$(\frac{32}{38})$	
Performance in Present Placement	70.8	$(\frac{17}{24})$	85.1	$(\frac{46}{54})$	
Performance in Past Placements	79.3	$(\frac{23}{29})$	90.0	$(\frac{18}{20})$	
Test Results	78,5	$(\frac{11}{14})$	93.1	$(\frac{41}{44})$	
Transportation	*		50.0	$(\frac{1}{2})$	**
Proximity to Student's Home	*		75.0	$(\frac{3}{4})$	
Cost	57.1	$(\frac{4}{7})$	*		
Openings	*		66.6	$(\frac{4}{6})$	**

TABLE II: PERCENT OF AGREEMENT BY ITEM FOR THE CASE INFORMATION FORM (Continued)

ITEM	Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)	
Non-Existence of Placements in District	*		*		
Non-Existence of Placements Outside of District	*		*		
Availability of Supplementary Services	*		62.5	$(\frac{5}{8})$	**
Availability of Aides	71.4	$(\frac{10}{14})$	*		
Program Characteristics	85.7	$(\frac{12}{14})$	73.5	$(\frac{25}{34})$	
Staff Attributes	70.5	$(\frac{12}{17})$	66.6	$(\frac{4}{6})$	**
Classmate Attributes	84.6	$(\frac{22}{26})$	75.0	$(\frac{12}{16})$	
Student Preference	66.6	$(\frac{2}{3})$	75.0	$(\frac{3}{4})$	
Family Preference	72.4	$(\frac{21}{29})$	92.8	$(\frac{26}{28})$	
School System Preference	71.4	$(\frac{10}{14})$	90.0	$(\frac{45}{50})$	
Family/Home Conditions	*		100.0	$(\frac{4}{4})$	
Recommendation from Non-District Specialist	*		*		
Impact on Family	*		*		
Stigma	50.0	$(\frac{7}{14})$	100.0	$(\frac{2}{2})$	
Physical Harm to Others	*		*		
Physical Harm to Child	*		*		

TABLE II: PERCENT OF AGREEMENT BY ITEM FOR THE CASE INFORMATION FORM (Continued)

ITEM	Training: Percentage	(Proportion)	Field Data: Percentage	(Proportion)	
Educational Harm to Others	100.0	$(\frac{3}{3})$	100.0	$(\frac{2}{2})$	
Educational Harm to Child	70.0	$(\frac{7}{10})$	77.3	$(\frac{17}{22})$	
Other Harm to Others	*		*		
Other Harm to Child	50.0	$(\frac{7}{14})$	50.0	$(\frac{4}{8})$	**
Loss of Mobility	*		*		
Long Term Effects	28.6	$(\frac{2}{7})$	100.0	$(\frac{4}{4})$	
Restrictiveness	80.7	$(\frac{21}{26})$	79.2	$(\frac{19}{24})$	
Final Placement	100.0	$(\frac{5}{5})$	86.4	$(\frac{19}{22})$	
Type of Change	100.0	$(\frac{5}{5})$	72.7	$(\frac{16}{22})$	
Opportunities with Non-Handicapped	100.0	$(\frac{5}{5})$	80.9	$(\frac{17}{21})$	
Where	100.0	$(\frac{4}{4})$	85.7	$(\frac{12}{14})$	
For What	100.0	$(\frac{4}{4})$	67.7	$(\frac{42}{62})$	**

* No responses to this item in the reliability substudy.
** This item falls below the .70 reliability standard.

TABLE III: PERCENT OF ITEM AGREEMENTS FOR THE OBSERVER REPORT FORM

	Observer									
	1	2	3	4	5	6	7	8	9	10
Training	92.2 (n=$\frac{118}{128}$)	85.2 (n=$\frac{109}{128}$)	92.2 (n=$\frac{118}{128}$)	87.5 (n=$\frac{112}{128}$)	*	94.5 (n=$\frac{121}{128}$)	88.0 (n=$\frac{103}{117}$)**	*	89.8 (n=$\frac{115}{128}$)	89.8 (n=$\frac{115}{128}$)
Field Data Collection (Average percent over three observations)1/	91.9 (n=$\frac{305}{332}$)	88.0 (n=$\frac{168}{191}$)	90.4 (n=$\frac{294}{325}$)	93.4 (n=$\frac{268}{287}$)	89.3 (n=$\frac{266}{298}$)	94.6 (n=$\frac{314}{332}$)	82.7 (n=$\frac{158}{191}$)	87.4 (n=$\frac{284}{325}$)	83.3 (n=$\frac{239}{287}$)	92.3 (n=$\frac{275}{298}$)

* Training reliability data unavailable.

** Data partially missing for this subject (only 117 rather than 128 items)

1/ The numerator and denominator vary since different cases are represented in each set of observations and two observers (2 and 7) participated in only two reliability cases.

TABLE IV: PERCENT OF ITEM AGREEMENTS FOR THE CASE INFORMATION FORM

	Observer									
	1	2	3	4	5	6	7	8	9	10
Training	81.7	*	87.5	78.5	*	90.7	85.3	*	81.5	71.1
Field Data Collection (Average percent over three observations) 1/	94.0 (n=$\frac{300}{318}$)	92.0 (n=$\frac{186}{202}$)	77.0 (n=$\frac{144}{187}$)	94.0 (n=$\frac{413}{478}$)	94.0 (n=$\frac{188}{199}$)	90.0 (n=$\frac{287}{318}$)	91.0 (n=$\frac{184}{202}$)	82.0 (n=$\frac{154}{187}$)	87.0 (n=$\frac{370}{420}$)	89.0 (n=$\frac{177}{199}$)

* Training reliability data unavailable.

1/ The numerator and denominator vary since different cases are represented in each set of three observations and since different criterion protocols are used for each case.

APPENDIX E

FISCAL DATA

STATE #1

State #1, under Chapter 269 Laws of 1975 First Executive Session, provide excess cost funds for teachers of the handicapped. A typical calculation in determining the excess cost funding would be as follows:

1. Self-Contained Classroom Teachers

Handicap	Self Contained Classroom Pupil/ Teacher Ratio	Elementary Enrollment	Secondary Enrollment	Total Sp. Ed. Enroll.	Authorized Sp. Ed. Teachers Required
Multiply Handicapped	6:1	4	3	7	1.167
Blind	6:1	1	2	3	.500
Deaf	6:1	1	1	1	.333
Motor Hand.	8:1	3	2	5	.625
Emot. Dist.	10:1	11	17	28	2.800
Sensory Hand.	12:1	2	3	5	.417
Mentally Retarded	13:1	23	20	43	3.308
Learning Disabled	15:1	5	2	7	.467
		50	50	100	9.617

The number of special education teachers authorized to service this particular mix of children is 9.617. The district's elementary and secondary pupil/teacher ratios are then used to determine the excess cost funded teachers.

$$\frac{\text{Elementary Handicap Enrollment}}{\text{Elementary Regular Pupil/Teacher Ratio}} \qquad \frac{50}{28} = 1.79 \text{ regular teachers}$$

$$\frac{\text{Secondary Handicap Enrollment}}{\text{Secondary Regular Pupil/Teacher Ratio}} \qquad \frac{50}{23} = 2.17 \text{ regular teachers}$$

The number of regular day teachers required to service the particular mix of children is 3.96. Therefore:

Special Education Teacher Authorized	9.617
Less District Supported Teachers	3.960
Yields Excess Cost Funded Teachers	5.657

The average salary for the special education self-contained classroom teacher and the related fringe benefits for 5.657 teachers is excess cost funded. The district has the obligation to bear the cost of 3.960 of the teachers for the same costs would have occurred if the 100 pupils were not in the special education program.

The final cost calculation for the self-contained classroom, then, is as follows:

Average Salary	$10,500	
Fringe (6% of salary)	630	
Individual Sp. Ed. Teacher Cost	11,130	
Total Self-Contained Teachers	x 9.617	
Total Self-Contained Teacher Cost	$107,037.21	
State Excess Cost Funded (5.657) (11,130)		$ 62,962.41
District Funded (3.960) (11,130)		44,074.80
		$107,037.21

2. Resource Room Teachers

All resource room teachers are provided on a ratio of 35 to 1. As all pupils receive the bulk of their instruction in the regular classroom, they are limited to no more than two hours per day in the resource room. The full cost of the resource room teacher salaries and related benefits are provided by the State excess cost funds. The reason for this is that the district must provide a regular classroom teacher for each pupil serviced by the resource room.

Handicap	Resource Room Pupil Teacher Ratio	Elem. Enroll.	Second. Enroll.	Total Sp. Ed. Enroll.	Authorized Sp. Ed. Teachers Required
All	35:1	50	50	100	2.857

The number of special education teachers authorized to service this mix of children is 2.857. The number of regular day teachers also needed to service this mix of children is 3.96 (as previously computed). As the total cost of the authorized resource room teacher is 100 percent reimbursed by the State, the final cost calculation for the resource room is as follows:

Average Salary	$10,500
Fringe (6% of Salary)	630
Individual Sp. Ed. Teacher Cost	11,130
Total Resource Room Teacher	x 2.857
Total Resource Room Teacher Cost	$31,798.41
State Excess Cost Funded (100%)	$31,798.41
District Funded (Regular Classroom Teachers)	44,074.80
	$75,873.21

STATE #2

State #2, under Act 215, Laws of 1947, provided teacher salary aid in school year 1976-1977 for the education of the handicapped. A typical calculation in determining the teacher salary aid would be as follows:

Salary Schedule

Beginning Teacher	$ 6,831
14 Year's Experience	$ 9,154
B.S. with 18 grad. credits	$ 8,306
B.S. and Masters	$ 9,146
Doctorate	$10,550

1. Self-Contained Classroom Teachers

Handicap	Self-Contained Classroom Pupil/ Teacher Ratio	Total Special Ed. Enrollment	Authorized Sp. Ed. Teachers Required
Educable Handicapped and Learning Disabled	10:1	50	5.000
Hearing; Vis. Hand.	6:1	10	1.667
Emotionally Hand.	8:1	28	3.500
Motor Hand.	8:1	5	.625
Trainable Hand.	8:1	7	.875
		100	11.667

The number of special education teachers authorized to service this particular mix of children is 11.667. This number is then sent to the State's Department of Education where it is compared to a salary schedule. For the purpose of this analysis, it will be assumed that all teachers have their masters. Therefore:

(11.667 teachers) x (9,146 schedule salary) = $106,706.38 reimbursed to the district.

As the average teacher salary is $10,500, the final cost calculation for the self-contained classroom is as follows:

Average Salary	$10,500
Fringe (6% of salary)	630
Individual Sp. Ed. Teacher Cost	11,130
Total Self-Contained Teachers	x11.667
Total Self-Contained Teachers	$129,853.71

State Teacher Salary Aid (11.667) ($9,146)	$106,706.38
District Funded (129,853.71)-(106,706.38)	$ 23,147.33
	$129,853.71

2. Resource Room Teachers

Handicap	Resource Room Pupil/Teacher Ratio	Total Special Ed Enrollment	Authorized Special Ed. Teachers Required
Educable Handicapped and Learning Disabled	20:1	50	1.923
Hearing and Visually Handicapped	12:1	10	.833
Emotionally Handicapped	26:1	28	1.077
Motor Handicapped	10:1	5	.313
Trainable Handicapped	--	7	--
		100	4.146

The number of special education resource room teachers authorized to service these 100 pupils is 4.146. This number is then sent to the State's Department of Education where it is compared to a salary schedule. For the purpose of this analysis, it will be assumed that all teachers have their masters. Therefore:

(4.146 teachers) x (9,146 schedule salary) = $37,919.32 reimbursed to the district.

In reference to a resource room, however, all the pupils receive the bulk of their instruction in the regular classroom. Therefore, these 100 pupils also require regular day teachers based on the ratio of 26:1, or 3.846 teachers.

As the average teacher salary is $10,500, the final cost calculation for the resource room is as follows:

Average Salary	$10,500
Fringe (6% of Salary)	630
Individual Sp. Ed. Teacher Cost	11,130
Total Resource Room Teacher	4.146
Total Resource Room Teacher Costs	$46,144.98

State Excess Cost Funded(4.146) (9,146) = $37,919.32
District Funded (46,144.98) - (37,919.32) +
(3.846 reg. teachers) (11,130 salary) $51,031.64

STATE #3

State #3, under ARS 15-1011; 15-1016; 15-1015; and 15-1017, provides excess cost funds for special education programs. A typical calculation in determining the excess cost funding would follow the following format:

1. A determination of the total number of students enrolled statewide in special education programs.
2. A determination of the total allowable excess cost.
3. A determination of the difference between the total allowable excess cost for special education and the amount appropriated for special education aid.

4. A determination of the qualifying tax rate which when applied to the assessed valuation of each district providing special education programs will produce an amount of revenue equal to the difference determined in step 3.

5. A computation of district entitlement to State aid for special education as follows:

   (a) a determination of the amount of revenue which would be raised on the assessed valuation by the qualifying tax rate provided for by step 4 of this subsection;

   (b) a subtraction of the amount in subdivision (a) from the districts allowable excess cost for special education;

   (c) the difference produced in subdivision (b) shall be the districts entitlement to State aid for special education.

STATE #4

State #4, under Sections 21, 23, and 25 of Public Act 261 of 1975, provides added cost funds for special education programs. A typical calculation in determining the added costs would be as follows:

1. A subtraction of the school district's State equalized valuation per pupil from $42,400 and multiplying the difference by the operating mills levied, but not in excess of 20 mills.

2. The additional per pupil guarantee available to districts levying in excess of 20 mills is computed by subtracting the State equalized valuation per pupil from $38,250 and multiplying the difference by operating mills levied above 20 mills, but not in excess of 27 mills.

3. District eligibility is then determined by multiplying the full time equated membership in the district by the State's combined share of the per pupil guarantee under the two parts of the basic membership formula.

4. For special education purposes, the State then reimburses 75 percent of added costs of special education programs. These added costs are district reported approved program costs reduced by the districts basic membership guarantee.